FAMILY ADJUSTMENT TO A DEAF CHILD IN A BILINGUAL BICULTURAL FRAMEWORK

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MEMORANDUM

I certify that this dissertation is my own independent work and has not been presented previously for any other degree.

Signed: .....

Date: 10th October 1995

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"I suspect that there is a distinction between a mere readiness to come to a workable arrangement and a sensitivity to the many, often unsatisfactory, means needed to attain a vision or a goal."

(R. Williams, 'The Truce of God')

This thesis is dedicated to all who live and work with Ehlers-Danlos Syndrome

ABSTRACT

This thesis concerns hearing families with severely/ profoundly deaf children who are involved in early intervention programmes that are based on bilingual/ bicultural principles.

It investigates: (i) the impact of a bilingual/ bicultural approach on the process of family adjustment; and (ii) how bilingual/ bicultural principles are translated into practice in the context of the family in the early years.

There are two research studies. Study One in the UK, interviewed practitioners (deaf and hearing) and parents involved in the same early intervention programme. Ethnographic content analysis is used in the cross comparison of responses. In Study Two in the Netherlands, couples involved in a different intervention programme completed a questionnaire developed from the findings of the first study.

Three new models are offered with which to understand the impact of bilingual/ bicultural intervention on family adjustment. They move the debate from substantive issues of *what* the impact of one on the other might be, to a consideration of *how* the impact of one on the other is conceptualised.

It is argued that for the majority of families, a bilingual/ bicultural intervention characteristically creates contradictions and tensions around account and action which families seek to hold together, rather than to resolve.

Differing typologies of parents' expectations and actions with regard to communication at home are identified.

The key issues discussed in the application of a bilingual/ bicultural approach include: parents' simultaneous communication as continuous or discontinuous with sign language; the application of a bilingual/ bicultural intent in the situation specific contexts of the family; biculturalism as the progression from access to/ knowledge of Deaf Culture, to attempts to render it relevant within the family; sequential or simultaneous development of two languages within a bilingual model; similarities and differences in mothers' and fathers' attitudes and behaviours.

Extensive implications are drawn with regard to research and practice, including the development of practice principles for bilingual/ bicultural early intervention.

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INTRODUCTION

A new child in the family provokes expectations of similarity and difference. Family resemblances are eagerly sought, while signs of the infant's individual personality are quickly seized upon. As the child grows up a balance will be struck between the identification of the child as being 'like us', sharing common characteristics with 'our family' and the child appreciated as separate and different.

However, not all manifestations of difference from the family are as acceptable as others, nor all considered positive. Some variations will place the child outside the range of that which is thought to be normal in any given society at a particular point in its history. In the UK today, as in the rest of the developed world, deafness is one such less acceptable difference.

Between 0.8 and 1.5 children in every 1000 in the UK are born, or become in the first 3 years of life, severely or profoundly deaf[1] (ACSHIP 1977; Bunting 1981). Over 90% of these children[2] are born to families who by contrast, are hearing (Kyle, Allsop 1982) and who have had little if any contact before with deafness (Goldberg 1979). However, the child remains nonetheless the hearing parent's son or daughter.

These conditions of similarity and difference tend to be treated as deeply problematic and child and family become rapidly involved with services of *early intervention*. These services seek to respond to two basic conditions. Firstly, a deaf child growing up in a hearing speaking family is unlikely to acquire a first language in the same manner in which a hearing child in a hearing family does. Secondly, the family is presumed to experience a process of adjustment to their deaf child in a manner in which they would not to a hearing child.

In recent years, a bilingual/ bicultural model of deaf people has been applied to such early intervention. The model emphasises deaf people's positive difference from hearing society. They are not regarded primarily as a disabled group, defined through their deviance from the hearing norm. Rather they are considered to be a self defining socio-lingusitic minority. Central to this definition is the use of sign language[3].

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[1] A severe loss is usually defined as loss between 70dB an 90dB and a profound loss as a loss over 90dB, across the speech range (Buter et al 1990, Greenberg, Kusche 1984).

[2] 'Deaf children' is used throughout to refer to children with this degree of hearing loss and onset, unless otherwise stated.

[3] The term 'sign language' is used throughout with the specific meaning of the indigenous sign language of the deaf population of whatever country is under discussion, e.g. BSL (British Sign Language), NGT (Dutch Sign Language). It is not used to refer to any and all forms of manual communication.

The model supports the acquisition of sign language as a the child's first language and the written/ spoken language of the hearing population (and the family) as a second language. It advocates the deaf child's socialisation into the deaf community and deaf culture, as well as into that of their own (hearing) family.

Strong claims are made for the developmental advantages of acting on such a model from the perspective of the child. However, concerns are expressed about its demands on a hearing family and its adverse consequences for their adjustment.

This thesis is thus concerned with two research questions:

How does early intervention based on a bilingual/ bicultural model impact on family adjustment to a deaf child?

What issues arise when a bilingual/ bicultural model is applied in the context of the family in the early years?

Research was carried out through two linked studies of families involved in programmes of early intervention based on a bilingual/ bicultural model. One programme was in the UK, one in The Netherlands.

As a result of these Studies it is argued that for the majority of families, a bilingual/ bicultural intervention characteristically creates contradictions and tensions around account and action which families seek to hold together, rather than to resolve.

Chapter One outlines the theoretical considerations underlying early intervention to special populations. It discusses in detail the developmental consequences for deaf children with regard to: language acquisition, educational attainment and psycho-social development.

Chapter Two discusses four models which have been used to understand the process of family adjustment (Grief Model; Family Dynamics Model; Stress Model; Continuity Model). It explains the principles underlying two approaches to the facilitation of language acquisition (Oral/Aural approach; Manually Coded English approach). Issues such as the family as the context for intervention, the focus of intervention and as agents of intervention are also considered.

Chapters Three and Four outline the principles underlying a bilingual/ bicultural approach to early intervention in hearing families with a deaf child. In setting out these principles, the concepts of bilingualism and biculturalism are placed in the deaf context. The chapters concentrate on research concerning deaf children, deaf culture and advocacy by deaf people themselves. These have converged to form the basis of a bilingual/ bicultural model which can be applied to deaf children. Chapter Three will focus on the linguistic, cognitive and educational arguments underlying the bilingual model and Chapter Four on arguments from a socio-cultural perspective.

Chapter Five considers the application of bilingual/ bicultural principles in early intervention. The discussion focuses on new issues that emerge for families with regard to adjustment to their child's deafness and the family's role in intervention itself.

Chapter Six specifies the research questions of this thesis. It discusses the methodological considerations underlying the choice of a research design and provides details of the subjects, procedures and instrumentation of each study within the design.

Chapter Seven presents the results from Study One, carried out in the UK. It was an interview study of three groups of respondents involved in the same early intervention programme: parents, teachers and 'Deaf Consultants'.

Chapter Eight discusses the findings of Study One. It generates three models for understanding the impact of bilingual/ bicultural early intervention on family adjustment ('The Separate Effects Model'; 'The Replacement Model' and 'The Tiered Effects Model'). It identifies five areas of particular concern in the translation of the principles of the bilingual/ bicultural model into practice within the family: making distinctions between sign language and signed communication; rendering a bilingual/ bicultural approach realistic in the family; the development of two languages within a bilingual model; deaf culture and the deaf community; fathers. Each of these are discussed in terms of the differing models applied to them by the respondents.

Chapter Nine presents the results from Study Two carried out in The Netherlands - a questionnaire study of couples involved in an early intervention programme. It identifies typologies of expectation and action.

Chapter Ten discusses the findings of Study Two in relation to the conclusions that had been drawn from Study One. It draws attention to issues about which the conclusions from Study One had proved inadequate and examines the new issues that have arisen as a result of Study Two.

Chapter Eleven discusses the implications of the two Studies for research and practice in four areas: how to understand the impact of a bilingual/ bicultural intervention on family adjustment; family adjustment within a bilingual/ bicultural framework; parents' sign language; culture and biculturalism. It draws out extensive practice principles and provides an example of these within a pilot intervention.

CHAPTER ONE: EARLY INTERVENTION, DEAFNESS AND CHILD DEVELOPMENT

This Chapter outlines the theoretical considerations underlying the application of early intervention to developmentally vulnerable populations. It discusses in detail developmental consequences for deaf children with regard to: language acquisition, educational attainment and psycho-social development.

In what follows, deaf children in deaf families and the response of early intervention services to them, are not a primary focus, although they may be mentioned comparatively. Chapters Three and Four, concerned with the bilingual/ bicultural paradigm, will address developmental issues surrounding deaf children in deaf families in more detail.

1.1 Early Intervention

Early intervention as a concept and in practice has been applied to many populations of children and their families, not just to deaf children. In general, strategies of early intervention have been developed for those children regarded as having "developmental vulnerability" (Zigler 1990). This vulnerability may be perceived as arising from a variety of risk factors such as mental, physical, or sensory impairment, the material deprivations of poverty, the effects of inadequate or abusive parenting, or the politically disenfranchised status of the family (Meisels and Shonkoff 1990; Zigler 1990).

The rationale for early intervention varies depending upon the population to which it is applied and the specific context of the programme developed, however, certain key concepts recur - *enhancement, attenuation, prevention* and *compensation.*

With regard to enhancement, there is a strong assumption of the positive impact of experience on the developmental process (Bricker and Veltman 1990; Shonkoff and Meisels 1990), therefore, suitable enrichment of the developmental environment has the potential to make up deficits or delays to which the child may be prone (Zigler 1990). Particularly in the case of children with handicapping conditions, it is assumed that

1.2 Language Acquisition

1.2.1 Introduction

Deaf children in hearing families are regarded as a developmentally vulnerable group appropriate for early intervention services, primarily because of the difficulties they experience in language acquisition and development:

> The basic deprivation of profound congenital deafness is not the deprivation of sound; it is the deprivation of language. (Meadow 1980, p.17)

In the case of hearing, speaking children, four factors have come to be considered significant in how children acquire language and achieve fluency, usually by around age five: innate ability linked to maturity; behavioural modelling of language; interaction; cognitive development. Whilst no theory adequately explains this achievement and it is outside the scope of this thesis to discuss the relative merits of these theoretical positions in great detail, suffice it to say, that research into the early years of development of deaf children, has demonstrated how each of these four conditions is rendered highly problematic in the case of deaf children, notably within hearing families.

1.2.2 Innateness and Maturity

It has been maintained that the language acquisition process has a predetermined biological basis. It is not that the child comes to the task with a blank mind, but rather with a considerable innate disposition to language (Chomsky 1968), sometimes understood as a "language acquisition device" (Mc Neill 1966). Furthermore, this capacity emerges as the child matures and a grasp of specific linguistic features occurs at particular stages of the child's general development (Lenneberg 1967).

Although the biological prerequisite and links to the maturation process are presumed to be universal (Chomsky 1968), the realisation of language acquisition through them is considered dependent on *exposure* to language (Lenneberg 1967). Without exposure, the child's innate ability will not be activated in the expected manner (Curtiss

true both of language addressed directly to the child and that perceived incidentally through the environment surrounding the child (Gallaway and Woll 1994).

> Deaf youngsters although not totally deprived of sound (as is frequently assumed), perceive it in such as diminished or distorted form as to make spoken language immensely difficult to encode, to process, and therefore to reproduce. (Schlesinger 1978, p.69)

In the case of language produced in the manual/ visual modality, parents may attempt either the representation of verbal language through signs or the production of sign language to their deaf child. [These forms of communication will be discussed in detail later in relation to intervention practice, Ch. 2]. However, as a result of struggling with a new language or medium (Hoiting and Loncke 1990; Luetke-Stahlman and Moeller 1990), or the inherent difficulties of the target signed communication attempted, there is a tendency towards a situation in which:

> ... even when hearing parents sign frequently, the situational characteristics of their signing often fail to match those of either spoken English or [American] Sign Language...(Spencer 1993, p.276, bracketing mine)

Thus, it appears that deaf children in hearing families are typically exposed to language that in comparison with their hearing counterparts in hearing families, is untypical, inconsistent, highly variable in quantity and quality and generally ill perceived by the child. Of course it is true to say that among hearing children also there is a huge range in the variety, quantity and quality of language to which they are exposed, depending upon family circumstance (Wells 1987). Consequently, in child language research generally there is a concern to establish what it is, given this variety, that is particularly facilitative of language acquisition. The same concern is present with regard to deaf children (Gallaway and Woll 1994; Hoiting and Loncke 1990; Schaller 1992).

Some researchers have been keen to express and investigate how the atypical nature of the deaf child's exposure to language does not a priori imply that the child will have difficulties with all aspects of language acquisition (Hoiting and Loncke 1990). With regard to sign language, evidence is cited of deaf children with minimal critical exposure to sign language models or to signing that is structured on the basis of the verbal language,

nonetheless generating and using the grammatical structures of sign language (Davies 1992; Mounty 1989; Strong 1988; Supalla 1986):

> Despite the often extremely restricted and incoherent sign language input, the deaf child is able to acquire more than fairly coherent sign language. The acquisition seems to be steered by the active analyzing, storing and retrieving process triggered by very minimal critical experience. The construction of a language goes far beyond the sign language input given by the adult models. (Hoiting and Loncke 1990, p.147)

Also, it has been suggested that in the first few years of life, the actual form of the mother's language to the deaf child, with regard to syntactic and grammatical accuracy, may be of less significance to the child's language acquisition than the mother's ability to successfully transfer meaning at the semantic and pragmatic level (Spencer 1993, p. 276).

However, it is necessary to be cautious about such optimism in the plasticity and potential of the deaf child for language acquisition in conditions of impoverished exposure. It appears that, with regard to sign language at least, there are limits to the extent to which children can generate structures beyond the nature of the input they receive. Deaf children in hearing families who, in the early years of life have not been exposed to native [1] models of sign language, have considerable and enduring difficulties with morphosyntactic structures of the language (Knoors 1994; Loncke, Quertinmont and Ferreyra 1990, Newport 1984). With regard to spoken language there has been considerable concern about the effects of the child passing the critical period (Lenneberg 1967) without having fully established a first language. Namely, that after a certain age, variously understood as between 3 and 5 years of age, the child loses their innate capacity for language acquisition, therefore, some features of language are never fully nor adequately acquired (Brasel and Quigley 1977; Johnson et al 1989).

Thus, the issue of exposure to, form of and perception of language, in conjunction with the deaf child's innate capacity for its acquisition, is clearly a critical area to be addressed by early intervention. However, impoverished exposure and perception of input does not present the whole picture of a deaf child's potential problems in acquiring language in a hearing family. Other critical factors in language acquisition have been

[1] Sign language as used by deaf adults.

found to be difficult to realise by hearing parents and deaf children. These will now be considered.

1.2.3 Behavioural Modelling

A more behaviourist perspective on language acquisition, stresses the importance of the environment in the learning of language, rather than any innate ability the child may bring to that task (Cruttenden 1979). The general speech environment and the child's parents/ primary carers, are regarded as crucial providers of model language for the child. In effect, the child acquires language through being exposed to discrete examples of it in use and these being reinforced.

It is argued that through the mechanisms of classical conditioning, operant conditioning and social/ parental approval, language examples will be reinforced and retained by the child for his/ her own later production (Cruttendon 1979). Thus in classical conditioning terms:

> ...the acquisition of meanings consists in a process of pairing first and second signals (referents and words) to build up associative links. (Cruttendon 1979, p. 98)

Similarly, it is through the operant conditioning mechanisms of stimulus and response connections that the child learns to discriminate meaning and appropriate usage. Approval / disapproval social experiences further underpin this learning.

With regard to deaf children, once more this model describes a process that is rendered highly problematic. As already noted with regard to exposure to language (Sec. 1.2.2), the deaf child in a hearing family has far fewer opportunities to comprehend model examples of language used appropriately. However, more critically, from this behaviourist perspective, the conditioning and reinforcement of language facilitated through the relation of language structure to context, or meaning to context, is difficult to achieve in the case of communication with a deaf child.

It is known from spoken language development that the ability of the hearing parent to discuss an object/ person/ event while the child is observing it, is vital (Kyle and Woll 1993). In essence the hearing parent by 'talking over' the child's object of interest, connects language and referent (Kyle and Woll 1993). From the child's perspective, through the simple expedient of the integration of the senses of sight and hearing, the child is able to attend to an object and receive meaningful information about it simultaneously.

However, with a deaf child, the child "...cannot easily visually inspect the world while simultaneously experiencing the language that refers to it" (Gallaway and Woll 1994). In effect the child must look away from the object/ person/ event of interest in order to look at the language being used about it, whether that language be perceived on the lips, hands or both (Harris, Clibbens, Chasin and Tibbitts 1989; Clibbens and Harris 1992). In order to overcome this difficulty, some kind of pattern of dividing attention between language and referent needs to be established (Clibbens and Harris 1992; Kyle and Woll 1993; Mohay 1992). This is a two way process in that the adult must use an appropriate strategy, but also the child must be able to manage the adult's gaze in order to obtain meaningful information from the interaction (Kyle and Woll 1993).

Research has consistently demonstrated that hearing mothers and their deaf children have considerable problems in dealing with this visual structuring of routines in order to resolve the problem and establish patterns of divided attention (Gregory and Barlow 1988; Mohay 1992).

Generally speaking, hearing people do not have a strong orientation towards the conventions of visual communication strategies anyway (Swisher 1986). In the case of parents, many of their skills in interaction employed quite naturally with infants are simply mismatched to the needs of their deaf infant, particularly in the case of divided attention (Kyle and Woll 1993; Mohay 1992). By contrast, deaf mothers have been found to be highly skilled at establishing effective routines for the overcoming of the problem of divided attention (Gregory and Barlow 1988; Kyle, Woll and Ackerman 1989; Maestes y Moores 1980). These routines are characterised by referring to objects prior to engaging with them, avoiding communication when the child is visually engaged with the object and

only when eye contact is re-established by the child, offering comment and information (Kyle et al 1989).

Given the difficulties hearing parents have in the structuring of the visual environment, deaf children have far fewer opportunities to relate language to context than either deaf children in deaf families or hearing children in hearing families (Clibbens and Harris 1992; Gregory and Barlow 1988). This is a vital missing connection, from the behaviourist perspective, in which the reinforcement of language and referent is central to the facilitation of language acquisition.

1.2.4 Interaction

Sociological theories of language acquisition stress the importance of language developing because the child has to interact with other members of the society (in the early years, family) that surrounds him/ her (Cruttenden 1979). This interaction is necessary in the expression of wants, needs, requests for information, affective response and so forth (Halliday 1975). It is thus assumed that:

> ... without attending to the *functions* language served for the young child, we could not account for the acquisition of the *forms* of the language. (Golinkoff and Gordon 1983, p.6, emphasis original)

More recently, two issues have been focussed upon within this approach to language acquisition. Firstly, the child as an active, not passive participant in the language acquisition process (Wells 1987). It is now realised that the child takes an initiating role also in what is increasingly perceived as a two way interaction between, in particular, mother and child. Secondly, the fundamental importance of the interactional opportunities afforded the child by parents. Variation in both the quantity and quality of these are considered contributory to differential outcomes for the child's language development (Golinkoff and Gordon 1983).

Increasingly, research in these areas has concentrated on the preverbal behaviours and patterns within interactions as precursors to the development of language. So, for

example, the mother and infant's ability, preverbally, to establish reference, engage in turn-taking proto-dialogues and establish topic-comment structures in social interaction (c.f. Golinkoff and Gordon 1983, p.7 for review). The establishment of such preverbal interactive patterns in the early months of life are now understood to be necessary precursors to language acquisition (Bruner 1975).

In the case of deaf children and their parents, key issues thus arise with regard to whether such preverbal interaction routines can be well established (Mohay 1992) and their quality and saliency (Gregory and Barlow 1988).

As already noted in connection with behavioural modelling and reinforcement of language, hearing mothers and deaf children have problems in the establishing of routines of reference (Sec. 1.3.3). Other areas of mutually contingent activities, requisite to language development, have also been found to cause problems (Gregory and Barlow 1988), for example, child adjusted register (CAR) and responsiveness to infant needs and communicative intent (Mohay 1986; Mohay 1992).

With regard to child adjusted register, it is known that hearing mothers of hearing children quite undeliberately and 'naturally' adjust the nature of their spoken communication when interacting with infants ('motherese') (Gallaway and Woll 1994). Adjustments are made at lexical, syntactic and semantic levels. However, importantly, these are supported through complex adjustments in the mother's intonation and use of a modified speech register (Kyle and Woll 1993). The aim is to increase the child's chances of decoding accurately the linguistic input. However, clearly in the case of deaf children, very little of the intonation that characterises the mother's rich and facilitative linguistic input, is at all meaningful (Kyle and Woll 1993). By contrast, deaf mothers with deaf children use a highly effective and complex motherese, but one that is reliant on visual, spatial and morphological modifications to largely signed input (Kyle et al 1989).

Once more for hearing parents, difficulties arise, not just because of the mismatch of their interactive skills to their child's needs, but also because of how hard it is to modify what are largely instinctive patterns of early interaction (Mohay 1992; Swisher 1986; Swisher and Christie 1989). Furthermore, difficulties may be compounded by the nature of

the advice parents receive according to various 'methods' of early intervention (c.f. Ch. 2). Generally, there has been a tendency for preschool deaf children to be viewed in an educational context in which parents are encouraged to 'teach' their deaf child from the earliest years (Meadow 1980). There is, therefore, a danger of highly irregular interaction patterns developing anyway, in which language becomes the goal of interaction instead of its product (Fletcher 1987; Gregory 1991a). These issues of intervention method and advice to parents, will be considered in greater depth later (c.f. Ch. 2).

To turn now to maternal responsiveness to the child as an active initiator in interaction, research suggests that hearing parents have considerable difficulties in 'tuning in' to their child's initiations (Mohay 1992). In a study comparing the interactions of deaf mothers and deaf children, with hearing mothers and deaf children, in the prelinguistic stage (up until 12 months), it was found that contingency between mother acts and child acts was not well established (Gregory and Barlow 1988).

Acts by the mother unrelated to the child's activity were rare in the deaf mother/ deaf child group, at only 7%. However, in the hearing mother/ deaf child group 41% of acts were unrelated. Furthermore, deaf infants followed their deaf mothers with some related act over half of the time, however deaf infants with hearing mothers only followed on with a related act less than a quarter of the time.

Similarly in a study comparing hearing mothers of deaf children with hearing mothers of hearing children (Gregory 1985), far less synchrony between mother and child was found if the child was deaf. Investigating maternal responsiveness to child vocalisations at 15 months, mothers of deaf children responded to statistically significantly fewer of their child's vocalisations than mothers of hearing children - 14% compared with 38%. With regard to verbal clashes (mother and child vocalising simultaneously), deaf children clashed with their hearing mothers seven times more frequently than hearing children did.

This difficulty with mutually responsive, contingent acts thus renders highly problematic many of the preverbal, behavioural patterns that are now considered vital prerequisites to language acquisition. It is an area that has become a focus of enhancement

within various approaches to early intervention. Indeed, although the weight of evidence is towards hearing parents with deaf children having problems with contingent responses, in studies that reveal, on the contrary, a high level of synchronicity between mother and child (Chadderton, Tucker and Hostler1985), this result is put down to the success of the given early intervention programme to encourage changes in interactive patterns.

1.2.5 Cognitive Development

Cognitive theories of language acquisition presume, if not an isomorphic (Bruner 1975), at least a parallel relationship between the child's cognitive development and their language development. In Piagetian terms, it is assumed that the child's mastery of some conceptual cognitive processes precede their mastery of the linguistic equivalents of those (Piaget 1954). Thus:

> Many notions which seem important in early linguistic development are dependent on cognitive developments in the sensori-motor period, in particular those of agent, action, affected, location, which are obviously related to the perception of space and causality. (Cruttenden 1979, p.108)

Whilst some doubt has been cast upon the sustainability of this notion of cognitive - linguistic interdependence as the child matures (Golinkoff and Gordon 1983), nonetheless a minimum level of cognitive development is necessary to language acquisition. Furthermore, it is argued that interactional and behavioural/ environmental conditions have been overemphasised at the expense of the cognitive contribution to the child's acquisition of language (Golinkoff and Gordon 1983).

With regard to deaf children, their sensory impairment does not a priori cause a cognitive impairment, however, the atypical conditions of language acquisition, as outlined in the three previous sections, may contribute to delayed or underdeveloped cognitive skills in specific areas (c.f. Greenberg and Kushce 1989, for full review of literature). Thus, it is generally accepted, in Piagetian terms, that for deaf infants and toddlers, their development proceeds normally through the sensori motor stage, except in the area of vocal imitation (Greenberg and Kusche 1989). However, it is after this period that the effects of atypical

language acquisition circumstances may impact on cognitive development. It is in an attempt at the attenuation of this effect, that much early intervention is directed towards enhancing the child's earliest language experiences.

1.2.6 Summary

From this brief discussion of literature concerning language acquisition, it is clear that requirements that have been identified as critical, from what is known of spoken language acquisition in hearing children, are rendered highly problematic for the deaf child in a hearing family. It is this circumstance that provides a strong motivation for early intervention, in prompting attempts at the enhancement of these now problematic conditions and the consequent attenuation of their likely impact on the child's development. However, before considering the methodologies associated with such interventions, the educational and psycho-social consequences associated with children having experienced atypical developmental conditions, will be considered.

1.3 Developmental Implications - Language Capability and Educational Achievement

For the majority of deaf children within hearing families, the effects of such atypical conditions for first language acquisition are far reaching (van der Lem 1983). These children are variously described as suffering language 'deficiency' (Goldberg 1979), language 'delay' (Hadidan and Rose 1991; Janjua 1993; Spencer 1993) or language 'deprivation' (Greenberg, Calderon and Kusche 1984). Where one places the emphasis, largely depends upon the degree to which early intervention is deemed possible to fulfil its preventative and compensatory functions (Sec. 1.1). It is nonetheless generally accepted that, despite early intervention, the deaf child will experience some lack in communication and interaction with critical others, a lack which will create significant problems for the child in areas of learning (Schlesinger 1978).

On entry to school, deaf children do not have a comparable mastery of language as their hearing peers. Research from the USA suggest that the average hearing child enters school age 6 with a vocabulary of 2500 words and a recognition vocabulary of twenty times that size (Brasel and Quigley 1977). However, Gregory (1976), by contrast, in a study of 122 deaf preschoolers from hearing families, between the ages of 2 and 5(+), found that half of the group had a vocabulary of 5 words or less and a further half of those "could not use the spoken language at all to communicate" (p.24). With regard to receptive language only 30% could understand anyone who spoke to them, 27% could understand people they knew, 19% could not understand anyone at all and 25% could only understand their mothers.

While this particular study focussed on children and families in which only *spoken* language was being used as the means for promoting the deaf child's language development, significant lags have been consistently found (Johnson et al 1989; Mac Turk et al 1993) whatever form of communication is being attempted within hearing families. Deaf children in hearing families do not start school on anything like a comparable language footing with their hearing peers.

> It is usually the case...that deaf children of hearing parents have not developed a sophisticated competence in any native language (signed or spoken) by the time they enter kindergarten. (Johnson et al 1989, p.3)

Deaf children also do considerably less well at school when compared with their hearing counterparts. Conrad's (1979) national survey of deaf school leavers found their average reading age on leaving school to be eight years and nine months and the median considerably less at <7.6 years for profoundly deaf children:

> When hearing loss reaches 85dB and beyond, we find a full 50% of school leavers are unable to begin a standard reading test at the seven year old level...We tested more than 450 children of school leaving age...we found 5 children who had a hearing loss greater than 85dB and who could read at the level of their chronological age. Just 5 - in all Britain. (Conrad 1979, p.137)

Similar work in the United States confirms these findings, with the average reading level of deaf high school graduates to be at "3rd or 4th grade equivalent" and average performance

on mathematics computation to be at "7th grade equivalent" (Greenberg et al 1984; Johnson et al 1989). In the course of their school career, it is found that deaf children tend to fall behind their hearing peers at an increasing rate as each academic year progresses (Johnson et al 1989). Furthermore, the reading delay experienced by deaf school leavers does not appear to be a relative delay. In a follow up study to some of Conrad's subjects, then aged 23 years, these deaf young people were still reading at a level slightly less than a nine year old (Kyle and Pullen 1985).

Clearly the causal mechanism(s) behind such an educational outcome is highly complex and cannot solely be a result of early problems with language acquisition. It is argued that inappropriate educational policies (Conrad 1979; Johnson et al 1989; Svartholm 1993), inefficient and ill targeted teaching methods (Stewart 1992) and unfair testing procedures (Lane 1989) are contributory. Indeed, a distinction must be drawn between deaf children's intelligence and their achievement (Greenberg and Kusche 1989), with the former being entirely within the normal range. Nonetheless, it is the disruption to the deaf child's early language acquisition process and interaction with early developmental environment, that is the fundamental source (Greenberg and Kusche 1989) of what proves to be a subsequently mammoth and rarely achieved educational catching up task:

> The verbal language acquired in the early childhood years provides the foundation for all later language development and other learning in the normal-hearing child, and anything that interferes with the development of that foundation will likely interfere with all subsequent learning. (Brasel and Quigley 1977, p.95)

1.4 Developmental Implications - Psycho-Social Development

Early difficulties in the deaf child's language acquisition environment are also found to impact on the child's psycho-social development. Research into deaf children in hearing families consistently demonstrates their lower rate of social maturity in comparison both with hearing norms and those of deaf children in deaf families (Greenberg and Kusche 1989; Johnson et al 1989; Mac Turk et al 1993; Manfredi 1993; Schlesinger and Meadow 1972). It is further estimated generally that deaf young adults exhibit a higher rate of emotional and behavioural disorders, particularly impulsivity, than their hearing

counterparts (Rainer, Altshuler and Kallman 1963; Greenberg and Kusche 1989; Denmark and Eldridge 1969; Denamrk1985; Harris 1978), although not necessarily a higher rate of psychotic disturbance (British Deaf Association 1983; Cheyne 1978; Denmark 1985; Remvig 1973).

It is necessary to be cautious about such estimates that may be confounded by language difficulties interfering with diagnosis (Critchley, Denmark, Warren and Wilson 1981; Denmark and Eldridge 1969) and inappropriate psychometric testing (Chess and Fernandez 1980; Lane 1989). However, Stokoe and Battison (1981), for example, using data from the Office of Demographic Studies, Gallaudet College, compared the incidence of emotional and behavioural problems between deaf children of deaf parents and deaf children of hearing parents, finding them to be 84% higher among the children with one or more hearing parents.

The reasons why deaf children of hearing parents should demonstrate such differences in psycho-social development in comparison with both hearing children of hearing parents and deaf children of deaf parents, are not straightforward. However, most research agrees such incidence is closely bound with the child's lack of a securely established first language (Stokoe and Battison 1981), their consequently depressed level of communicative competence (Greenberg and Kusche 1989; Schlesinger and Meadow 1972) and the poor communicative system shared by them with critical others in their environment (Harris 1978). In other words, psycho-social difficulties are not an effect of sensory impairment per se, but of communicative impairment.

Henderson and Hendershott (1991) point out that without a firmly established first language, the deaf child is less able to develop inner speech (Meadow 1980; Sacks 1989), which is important to thinking, a sense of self and consequently of the separation of self from others. This separation, they maintain, is the grounds for the ability to empathise with others - an important stage within social maturation. Impoverished inner speech has also been linked to deaf children's higher rate of impulsivity (Lesser and Easser 1972; Harris 1978). It is suggested that deaf children with poorly developed communication are less

able to represent to themselves in language, the emotions they experience and, therefore, less able to control them appropriately:

> We believe that impulsivity is directly related to the organization of emotions for the self and the understanding, the naming, if one likes, of the emotions by the self. Once an affect can be named, it can come under the survey of ego control...This delay in organising the 'emotional self' is clearly related to the deaf child's difficulty with empathic responses. (Lesser and Easser 1972, p.462)

It has further been suggested that simplified, limited and inaccurately exchanged linguistic content (Harvey 1985) between the deaf child and critical others in the world which surrounds him/ her, leads to a less sophisticated experience of the emotional life of others and provides fewer personal resources for exploration of the child's own emotional life and expression. In essence, if the child cannot correctly decode the responses of others to his/ herself (Schlesinger and Meadow 1972), or indeed if reciprocal misunderstandings of expression are built up by critical others who cannot successfully understand the child's affective expressions (Schlesinger and Meadow 1972), then the child is unable to build up a repertoire of accurately understood emotional experience linked to language.

Denmark (1969) expresses this impoverishment of emotional experience linked to language as the deaf child's lack of 'emotionally toned' language. By this, he implies that the child has little opportunity either actively to engage or passively to participate in the nuances of emotions. The child may grasp, for example, 'anger' or 'sadness', but has far greater difficulty in accessing information about the vast range of affective experience and distinctions within each emotion and the personal or contextual factors that influence the expression of these emotions.

By corollary, the deaf child with poorly developed language and fewer resources for building up such emotional toning through effective two way communication, has fewer personal resources for the expression of his/ her own wants and needs, likes and dislikes (Lesser and Easser 1972; Schlesinger and Meadow 1972; Stokoe and Battison 1981). It is suggested that this situation can result in the child adopting more impulsive and less

socially mature or age appropriate expressions of these needs (Harris 1978; Lesser and Easser 1972).

Furthermore, it is through the communicative exchanges within the child's family as he/ she is growing up, that the child begins to learn the cultural, gender and behavioural norms of their particular society (Gordon 1979; Henderson and Hendershott 1991). With the amount of interaction and information linguistically available in the family being significantly reduced and/ or significantly simplified, that which is more usually a process of socio-cultural osmosis, becomes instead a complex and difficult task for the child and family.

1.5 Conclusion

Thus, for the deaf child in a hearing family, the early difficulties associated with language acquisition, the child's consequent delayed or deficient language abilities and problematic communication between child and parent, have considerable long term effects on the child's learning, educational achievement and psycho-social development. It is too simplistic to suggest that early language and interaction difficulties are solely responsible for these results. Indeed there is large body of literature, outside the scope of this thesis, that considers contributory variables such as school environment (Lowenbraun and Thompson 1989; Schlesinger and Meadow 1972), the form of communication used for instruction in schools (Lynas 1994), educational policy (Stewart 1993) and the lack of school aged intervention services aimed at the child's psycho-social development (Greenberg and Kusche 1989), amongst other issues.

However, the effects of the child's early environment on language acquisition, reciprocal interaction and communicative competence between parent and child, are considered to be of primary significance to the deaf child's later developmental difficulties. Early intervention, therefore, concerns itself with maximising the potential of this environment and parent/ child communication in an effort to prevent and /or compensate

for the child's later difficulties. The debate within early intervention over how these goals should be achieved will now be considered in Chapter Two.

CHAPTER TWO: EARLY INTERVENTION WITH HEARING FAMILIES AND DEAF CHILDREN

This chapter will concentrate on the two principle foci of early intervention with deaf children in hearing families - the family's adjustment to the child's deafness and methods recommended for the facilitation of the deaf child's language acquisition. The dynamic inter-relation between these two areas will be examined. The context for intervention in which the family is both an object of the intervention and family memebrs are agents of intervention, will also be considered.

2.1 Introduction

Thus far, early intervention has been considered largely from the perspective of the deaf child's developmental vulnerability which arises from his/ her sensory impairment. However, implied throughout the preceding discussion on language acquisition, educational attainment and psycho-social development, has been the context which has the earliest influence on these - the family. In essence, what has been identified as problematic within the deaf child's development is not his/ her sensory impairment alone, but that within the context of a hearing family environment, that does not necessarily match the child's developmental needs.

Indeed, it has been observed with regard to early intervention generally, that it is neither possible to assess a child's needs, nor effectively impact upon them, without understanding the child within the highly individualised context of any given family (Meisels and Shonkoff 1990). Furthermore, it has become increasingly recognised within early intervention with many diverse groups of children, that the family of a developmentally vulnerable child, should also be, in its own right, a focus of early intervention (Simeonsson and Bailey 1990).

2.1.1 Deaf Children and Family Centred Intervention

With regard to early intervention with deaf children in hearing families, an emphasis on family centred early intervention is now considered crucial (Roush, Harrison and Palsha 1991). This emphasis arises firstly, through a recognition that, quite separately from addressing the deaf child's developmental needs, the family is in need of assistance. A deaf child's diagnosis, as an unplanned event, will have an impact on the family (Greenberg and Kusche 1989). It is believed that the families of deaf children have to go through a difficult process of *adjustment* and *adaptation* and require assistance through it. What is understood by adjustment and adaptation and how early intervention facilitates it, will be considered in depth below (Sec 2.2).

Secondly, it is the family who are usually held responsible for making communicative and behavioural changes in their usual patterns of interaction with the child, in order to enhance the child's development and to attenuate the effects of the impairment (Boison 1987; Johnson, Liddel and Erting 1989; Northcott 1979; Stewart 1971; van Uden 1979). The kinds of communicative and interactive adaptations required vary depending upon the method being promoted (Sec 2.3). However, common to all approaches, is an onus on the family as intervenors themselves and the necessity of their acceptance of this role. Furthermore, the degree to which the intervention proves to be effective is held to be dependent on the extent to which a family is able to participate (Roush et al 1991). The following are typical examples of the assumption of family as key agent of intervention:

> We are presenting the child, not as a defective human...but as a capable person whose first linguistic task must be to learn a language other than that of the parents in order to succeed. This will entail an understanding of the challenge a deaf child presents to a family, in which *he or she will not be able to participate normally or fully without substantial adjustments by siblings and parents. The focus of family activities will be around the acceptance of this view and to the resulting family adaptation to and participation in the child's development it requires.* (Johnson et al 1989 p.20, emphasis mine)

> ...any hearing impaired child who functions well in social and academic endeavours and is developing good speech and language, has exceptional parents. It is neither intelligence nor wealth that makes them outstanding, but rather their dedication to their child's welfare. The task of the Visiting Teacher Service, then, is *to develop 'exceptional' parents, for only they can provide the frequency and variety of experience and interactions, out of which communication skills develop.* (Northcott 1979, p.150, emphasis mine).
>
> All rehabilitative or habilitative endeavours with the child must include his or her family, with *parents becoming the prime therapists and the main 'agents of change'.* (Boison 1987,p.223, emphasis mine)

In addition, these two quite different ways in which families are the focus of early intervention are held to be dynamically inter-related. For example, with regard to family adjustment and the child's development, predictive and retrospective studies have attempted to identify factors influencing the deaf child's later academic achievement. They have consistently found that positive family adaptation to the child's hearing loss, family acceptance of the child's deafness and high family expectations for achievement, are significantly predictive (Bodner-Johnson 1985; Hadidan and Rose 1991).

In the case of psycho-social development, such a trend is confirmed by research that has compared deaf children of deaf parents and deaf children of hearing parents. Deaf children of deaf parents are found to have significantly more positive self images. However, this result is not accounted for simply by the co-incidence of communication between parent and child (both using sign language), but also, by the less traumatic reaction of the family to a diagnosis of deafness (Corson 1974). This less traumatic reaction (Davies 1991) has positive consequences for parents' attitude towards the child's capabilities and potential (Meadow 1969).

Factors connected with family adjustment, have also been found to impact on the effectiveness of various communicative methods promoted. For example, it has been found, with regard to the encouragement of oral/ aural abilities in the child (Sec 2.3.2), that mothers' non acceptance of their child's deafness was closely associated with an unfacilitative attitude towards their use of the "oral method" (Manfredi 1993):

> Particularly the non-acceptance of deafness was associated with an exclusive recognition of verbal language as the only means of communication. The children of these mothers showed a lower degree of verbal language acquisition and problems in the socialization process.
>
> On the other hand, the acceptance of the deaf child was linked to a flexible use of the oral method, aimed at reciprocal communication that is always contextualised in the mother-child relationship. The children of these mothers showed a high degree of verbal language knowledge and psychosocial development. (Manfredi 1993, p.55)

More generally it is observed that parents' negative reactions to diagnosis and non · acceptance of their child's deafness, unless resolved, hinder parents acceptance' both of the need for intervention and their own ability to make the necessary adaptations the intervention requires of them (Greenberg 1980a; Moses 1985; Stewart 1971).

Clinical reports consistently claim that parents' initial emotional response to their child's deafness can contribute to a child's later emotional and behavioural difficulties (Grinker 1969; Stein and Jabaley 1981; Rainer, Altshuler and Kallman 1963). Shapiro and Harris (1976) describe a family in which the parents' "pervasive guilt and rage" and "denial of deafness" had resulted in "disruptions in communication" between parent and child never having been ameliorated. In such families, not only has the scope for the child's healthy social and emotional development in interaction with their carers been severely restricted, but so also has the family's communicative resources for dealing with the child's later behavioural difficulties been affected.

2.1.2 Summary

Thus, it is believed that early intervention cannot successfully address the child's language needs and their developmental implications, divorced of the context in which the child is to develop - the family (Black 1982; Ritter-Brinton and Stewart 1992). Furthermore, that context requires external modification (intervention). Its adequacy depends both upon the nature of parents' response to their child's deafness (adjustment) and to the success of

strategies to foster communication between child and family. These two are strongly inter-related.

What is meant by family adjustment and varying methods available for the facilitation of the deaf child's language acquisition will now be considered in depth. As will become apparent, there is no clear consensus on either issue.

2.2 Family Adjustment

2.2.1 Introduction

There is a central tension in seeking to provide an account of hearing families' reaction to their deaf children, a tension that also exists in disability studies in other fields (Davis 1963). Namely, any model must at one and the same time, address the similarities of the experience between families in which there is the same circumstance (a deaf child) and also acknowledge the individuality and diversity between families, (in their life experience, the personality of their members, their culture and so forth). The various models that have been used to describe hearing families' reactions to a deaf child differ in how they balance these factors. Some place greater weight on the homogeneity of deafness specific consequences, such as language and developmental effects and some greater weight on the heterogeneity of family experience.

In what follows, four distinct models will be outlined that have been used to understand the impact of the deaf child on the family. The manner in which they balance the deafness/ family factors and the consequent implications for intervention will also be assessed.

2.2.2 The Grief Model

This model proposes that families experience a process of grief and mourning following the shock of discovering that their child is deaf. This model, prevalent also in literature on other disabling conditions (Wikler, Wasow and Hatfield 1981), takes its framework from

research into the personal consequences of experiencing a disaster (Lindemann 1944), the grief process following a death (Kubler-Ross 1969) and crisis theory (Caplan 1964).

Its first and basic assumption is that the birth of a deaf child is experienced as a traumatic loss by parents (Bernier 1990). This loss is variously conceived of as the loss of a "normal" child (Goldberg 1979), the loss of dreams of a "perfect" child, including expectations of parenting such a child, and the realisation of the personal and social satisfaction to be denied both child and family in the future (Wright 1960).

> Most parents find disability to be the great spoiler of their dreams and fantasies about who or what their child was to be. Most dreams require an unimpaired child; therefore, the initial diagnosis of disability often marks the point when a cherished and significant dream has been shattered. It is that dream that must be grieved for. (Moses 1985 p.86)

Parents are consequently said to experience a series of affective states classically associated with grieving (Kubler-Ross 1969). While the terminology may differ slightly between reports, the emotions generally ascribed to these states are connected with periods of shock, denial, anger, depression, and acceptance. Clinicians may disagree on the order in which these states are experienced, whether they are experienced successively or some of them simultaneously and the degree of intensity with which they are experienced, however, there is a wide body of literature documenting their common existence (Kampfe 1989; Paget 1983).

These states are thought to constitute a necessary psychological process. There is a "psychological effect" (Boison 1987) that the birth of a deaf child initiates and which must be dealt with. The process of grieving is considered the usual means through which one separates from something significant that has been lost, in this case prior dreams and expectations of the child (Moses 1985). Such separation through mourning is stressed as a prerequisite for parents engaging in "constructive action" concerning their child's special needs (Williams, Darbyshire 1982), to building realistic and new dreams that incorporate the child as s/he is (Wright 1960) - a child with a hearing loss; and to families generally reaching a state of "well being" (Kampfe 1989). This final state of well being and

constructive action is considered the resolution, that the process of grieving facilitates. It is this state of resolution and the processes leading to it that is usually termed 'adjustment'.

'The Grief Model' has been very influential in guiding intervention services for hearing families with a deaf child, particularly in the early post diagnosis period (Goldberg 1979; Moses 1985; Stein and Jabaley 1981). Its framework of an intra-psychic, affective process, implies that intervention is primarily individually focused. Each family member (although it is usually only mothers who are reported in the literature) has their own psychological process to go through within the grief reaction. Intervention is directed at enabling this process, with counsellors (of whatever profession) encouraging each affective stage as it occurs (Moses 1985).

This approach places great value on a high level of perception and sensitivity to the individual. Although the individual's reactions are understood by means of a general model, counsellors are urged to let the individual's responses and not the model, guide them through the intervention work. For example:

> A professional's over-zealousness to save the child will frustrate the parents' ability to resolve the anxiety phase of grieving. (Moses 1985, p.98)

'The Grief Model' stresses that families should be assisted through the grief process as early as possible. It is assumed that the diagnosis of deafness precipitates a crisis and that it is during such a state of psychological disorganisation, that an individual is most amenable to intervention (Parad 1965; May and Breme 1982; Goldberg 1979). Therefore, the earlier the intervention the greater the chance of capitalising on someone's capacity to receive help and their ability to optimally engage in the grieving process. This is an urgent and vital requirement of families, because the consequences of them becoming "blocked" (Goldberg 1979) and not grieving to the end of the process are reported as potentially "devastating" (Moses 1985).

> If parents needing help have none available, we can predict that conflicts arising out of this trauma will have short and long term implications which will affect the child's psychological development, the stability of the marriage, the family continuing as a cohesive unity, and the child's potential for a successful education, the world of work, and society as a whole. (Goldberg 1979, p.37)

Grief work can, therefore, be either successful or unsuccessful with the latter having pathological consequences.

Within 'The Grief Model', variations in outcome between families and children are explained through variations in individual family members' ability to go through the grieving process. What may account for this variation in capacity to grieve, however, is not a primary focus of the model. That there will be differences between families is taken as read. Emphasis is placed instead on the strength of psychological intervention possible within the model to overcome, though not necessarily seek to understand, differing capacities to pass through the grief process and thus reach a satisfactory state of 'adjustment' to the deaf child.

'The Grief Model' thus offers a coherent explanation and to some extent prediction, of hearing families' reactions to a deaf child and the variations within these. However, it is open to criticism both for the validity of the basic grief process it describes, and for that which its paradigm precludes.

To take the grief process first. The assumption that it is time bounded, is passed through once and leads, optimally, to a state of well being and constructive action for the family, has been strongly challenged. It is commonly reported that parents experience over again the emotions associated with the early affective/ grief states at key times of transition in the child's life, such as going to school for the first time (NSW 1991) and when the child continually does not meet normative expectations the parents may hold:

> What distinguishes handicapped families is the reported need to work through their grief at the loss of the normal child they expected and this need may recur again and again as another hoped for achievement has to be relinquished. (Black 1982 p.434)

It is also pointed out that with a deaf child, the grief process is inevitably an open ended one because the child does not die (Paget 1983). It is suggested that grief can never be resolved because the child needs daily care. The trigger for grief, therefore, is always potentially there (Bernier 1990).

This proposition that grief may be a chronic experience, rather than a time limited one, has been extensively investigated with families of children with learning difficulties

(Olshansky 1962; Wikler et al 1981). A careful study of both parents and social workers involved in intervention, supports the view that:

> ... parents experience periodic crises during the child's development, rather than time-bounded adjustment (Wikler et al 1981, p. 63)

If chronic sorrow is indeed more the form of families' grief experiences, then judgements made about individuals' becoming "blocked' or never reaching the state in which positive action can occur, are highly problematic. The reoccurrence of states of anger, denial and so forth are thus reframed as part of the continuing experience one would expect parents to go through, rather than being evidence of parents' pathologically unresolved grief. One parent of a child with learning difficulties writes:

> Professionals could help parents more...if they discarded their ideas about stages and progress. They could then begin to understand something about the deep and lasting changes that life with a retarded son or daughter brings to parents. And they could begin to see that the negative feelings - the shock, the guilt, the bitterness - never disappear but stay on as part of one's emotional life. (Searl 1978, cited Wikler et al 1981, p. 64)

To turn to the paradigm itself, it is a closed and pervasive one. The affective reactions of the grief process are said to provoke a wide range of changes in behaviour and relationships experienced by hearing families with a deaf child. When such changes are observed, they are then held to confirm the grief model and are interpreted from within the same framework that is said to have provoked them in the first place. Thus, just about any reaction from a parent of a deaf child, is able to be explained by means of the grief model. Kampfe (1989) provides an excellent review of the vast, and not necessarily consistent, range of reactions that *may* be explained by reference to the various stages of the grief process. For example:

> Guilt may show itself as preoccupation with discovering the cause, blaming the other parent, overdedication to and overprotection of the child and/ or rejection of the child. (Kampfe 1989, p.255)

However, the unidimensional nature of this model, that personal and family reactions are explicable in terms of a single affective process, has been questioned. More

complex explanations of the mechanisms through which family reaction can be accounted for have been sought and will be considered in 'The Stress Model' (Sec 2.2.4)

In summary, the grief model proposes that the birth of a deaf child will provoke a predictable psychological and affective process. The individual must personally navigate through the stages of this in order to reach a state of resolution from which they can begin to accept their child's hearing 'loss' and to work effectively with intervention services. The affective states associated with grief may reoccur over time. Most, if not all reactions displayed by the individual and family can be linked closely to their experience of the differing stages of the grief process. A failure to work successfully through the stages of this process can have serious deleterious effects on the family and consequently on the deaf child.

2.2.3 The Family Dynamics Model

In 'The Grief Model', the primary focus has been the individual and their affective response to their child's deafness. The capacity of this response to affect other members of the family is presumed, but is not a central concern of the model in explaining the impact of the deaf child.

In what is here termed 'The Family Dynamics Model', however, the family as defined by the inter-related responses of its members, is precisely the central concern. It is assumed that all families develop characteristic patterns of behaviour and relationships between members, which operating together to enable a family to function as a unit. These complex patterns define roles and responses within the family, and influence the course of reactions to new and external events. The family is a changing set of emotions, behaviours and intentions generated by the attributes of individual members and the relationships between these attributes.

Family systems theory posits that these complex patterns of inter-relationships should be thought of as forming one single system (Skynner 1982) so entities do not exist in isolation, but "can only be understood as they relate to one another and to the whole"

(Bernier 1990, p.591). Change admitted to one part of the system, therefore has repercussions in all parts of the system.

> Change occurring for one individual family member impacts other family members and the family as a whole (Berry 1992, p.45).

'The Family Dynamics Model', therefore, seeks to understand the effect of the deaf child on the family and account for variations between families, by investigating how families' characteristic patterns of inter-relatedness undergo change when a deaf child enters the family system.

The first and basic assumption is that the birth of a deaf child causes a major disruption to the family system (Berry 1992; Harris 1982). Family systems are thought to tend usually towards a state of balance, or homeostasis (Barker 1986) and a deaf child's primary impact in the early pre and post diagnosis period, is to disturb the family equilibrium:

> Early childhood deafness is a stress-producing family experience that continually and persistently upsets or interrupts the family equilibrium... (Harris 1982, p.162)

> When a system is stressed the usual balance of forces is disturbed and the system is inclined towards a state of imbalance' (Kerr 1981, p.234). Certainly a family system which includes a child with a disability or chronic illness is at risk for stress and imbalance. (Berry 1992, p.45)

This disturbance arises as a result of emotional, affective reactions such as those documented in 'The Grief Model'; specific features of the impairment, in the case of deafness, problematic communication and interaction, for example; and the experience of new people and experiences being associated with the family, in the guise of clinical and intervention services.

Interest in the impact of the deaf child on the family is, therefore, cast in terms of how this disturbance is managed and resolved within the family system. Within this model, 'adjustment' is defined as a resolution of the disturbance, although reaching resolution does not necessarily imply a positive outcome for child and family.

The data available on how families with a deaf child manage change to the system, comes largely from clinical, psychiatric and family therapy reports (Harris 1982; Harvey 1985; Hindley 1993; Scott 1984; Shapiro and Harris 1976; Sloman, Perry and Frankenburg 1987). The conclusions drawn are retrospective from what can be observed of the family now - the patterns that have developed. They are also not necessarily a representative sample, being documents about situations in which family adaptation has gone pathologically wrong. They will, therefore, in what follows, be supplemented by some more general theoretical propositions.

To return to systems theory, it is assumed that the family system will always seek to establish a steady state, or "homeostasis" (Skynner 1982). Homeostasis can be a confusing term, because it can both refer to a particular state and also to the process of reaching a steady state, or series of steady states (Dell 1982). However, broadly speaking, families experiencing a major disruption, such as a deaf child, may seek to establish homeostasis in one of two ways. On the one hand, they may seek to protect the family balance that had existed prior to the deaf child. In this version efforts are made to maintain the system as it was, at whatever expense to the deaf child's own needs. On the other hand, they may seek a new version of homeostasis that incorporates the challenges and changes the deaf child brings to the family system:

> Essentially systems are said to operate in a range of stability. When something threatens this stability, feedback signals the system to activate error - correcting responses to re-establish homoeostasis. Changes in one part of the system (such as a disabled child...) may precipitate changes in another part of the system (the parent), thus altering the nature of the relationships and creating disequilibrium. Through feedback (emotion, behaviour, information), a family that is unbalanced seeks to re-establish homoeostasis *either by returning to the previous set of relationships or by change and adaptation.*"(Berry 1990, p.591,emphasis mine)

Many of the clinical reports available of families with a deaf child, are evidence of the first approach, where pre-existing patterns of personal dynamics continue and are preserved, in spite of the deaf child. The degree of change a deaf child potentially brings to the family system is contained so as to protect other relationships within the system that may be threatened by those changes. Shapiro and Harris (1976) offer a clinical example of:

> ... testimonies to the denial operating in this family system and the need to scapegoat the patient in order to mask the guilt and anger evoked by her handicap, as well as to keep the family from becoming aware of other problems that existed, particularly in the marital relationship. (Shapiro and Harris 1976, p.92)

The second approach, that of families adapting to new homeostatic states incorporating the new input the child's deafness brings, depends upon the family system having a characteristic ability to both admit change and seek a steady state simultaneously. In systems theory this is referred to as: "...the ability of open systems to maintain a steady state with differing inputs" (Barker 1986, p.43). The degree of adaptability families display depends upon their balance of 'morphogenesis' (how far a family permits change) and 'morphostasis' (how far a family is characterised by stability) (Barker 1986, p. 9). This degree of adaptability is in turn something which has evolved through families' past experiences of resolving crises (Harris 1982).

The varying degree to which a system is adaptable is also implicated in how it works with the intervention services on offer and thus contributes to an explanation of the differential outcomes of those services. Writing generally of families with a handicapped child, it is claimed that:

> In a reasonable open system, energy and information (input) are constantly imported from and exchanged with the environment (output), thus nourishing the system. In contrast, a closed system tends towards entropy or dissolution. In more concrete terms, a closed family has fewer resources available because its boundaries do not permit interchange with the environment and adaptation is therefore inhibited. An open family system, on the other hand, is characterised by incoming supplies (new people, information, services) that help it to adjust. (Bernier 1990, p.592)

Although instruments do exist to assess the degree to which family systems display adaptability (Olsen, Russell and Sprenkle 1979; Olsen, Russell and Sprenkle1983), there is currently little work to modify them for predicting family responses to a deaf child or for sensitising services to the particular range of a family's capacity for change.

In summary, 'The Family Dynamics model' encourages an understanding of the impact of the deaf child on the family and variations between families, in terms of the complex inter-relationships between family members. It begins from the perspective of

pre-existing patterns of family relationships that define how the family as a whole and individual members within it, function. The deaf child is a major disruption to this family system, therefore, the key issue is how the family system is able to adapt and change as a result of this disturbance.

Consequently, this model suggests strongly that intervention within one part of the family will have repercussions in all parts, repercussions that may either facilitate or undermine the original aim of the intervention. Furthermore, it is pre-existing patterns of family relationships and behaviour that exert a powerful influence over how families adjust to a deaf child and not necessarily the new and specific demands a child who is deaf may make on the family. To consider family 'adjustment' from this perspective would suggest that intervention programmes focus more explicitly on inter familial patterns of relationships and behaviour, past and present (Trute 1990) rather than these being simply the implied background to how the family is coping with the demands of a deaf child.

2.2.4 The Stress Model

This model begins from the proposition that to have a deaf child in the family, is an inherently stress producing experience (Furneaux 1988; Goldberg 1979). For many of the reasons already considered in previous models (an experience outside a family's normal range, strong affective responses, disruption to family patterns, the initiation of new coping processes), families with a deaf child are considered likely to experience considerable stress. It is presumed that there are variations between families both in the level of stress experienced and in their management of that stress. The model is, therefore, concerned with accounting for what it is that is stressful about having a deaf child in the family and why some families may find the experience less stressful than others. These differences in degree of stress and its (un)successful management are the defining feature, for this model, of what one may mean by 'adjustment'.

> Depending on the characteristics and resources of the individual family, these challenges and stresses can have either minimal or significant effects on the family and the child's well-being and adjustment. (Calderon and Greenberg 1993, p.31)

Two inter-related issues arise in consideration of a deaf child as a stress producing experience for a family: (i) whether it is possible to identify distinct stressors connected with a deaf child; (ii) the process by which such stressors result in a stressful outcome for family members and the family as a whole. In line with much other work on stress in different fields, the stress model within the deaf context, largely rejects the notion that any event considered to be stressful will necessarily and automatically of itself result in stress (Dohrenwend and Shrout 1985; Lazarus, DeLongis, Folkman and Greun1985). Instead, it is presumed that there are intervening processes between an event's potential stress and its actual stressful result.

(i) To turn first to the question of whether it is possible to identify any particular and distinct "potential stressors" (Calderon and Greenberg 1993) or "conditions conducive to stress" (Kampfe 1989) associated with having a deaf child in the family, in the early years. One class of items usually cited in this respect, are those specifically linked with the nature of the impairment itself: getting used to technological supports (hearing aids etc), learning new strategies of communication and interaction, understanding information about deafness and its implications for the child (Calderon and Greenberg 1993; Freeman, Carbin and Boese 1981; Gregory 1976).

From involvement with these demands, spring a range of usually new experiences: interaction with professional groups with whom there had been hitherto little or no contact (doctors, audiologists, social workers, teachers of the deaf...); attendance at classes, clinics and specialised groups; interactions with other parents and families with whom contact would otherwise have been unlikely (NSW 1991; Sainsbury 1982). These new involvements are found to make considerable demands on resources of time, energy (Calderon and Greenberg 1993), and finance (Baldwin 1985; Meadow-Orlans 1990).

It has been pointed out, that what distinguishes these demands and experiences associated with having a disabled or a deaf child, is that they fall outside a family's "sphere of relevance" (Schutz 1962). In other words, they are not usually within that domain of life with which one has personal experience, interest or knowledge. Disability in this sense is "an imposed system of relevancies" (Voysey 1975). It is thus, not just the newness or particularity involved in the demands that make them potential stressors, but in them

belonging to a part of life for which one has no previous map, as such, and, therefore, little sense of mastery (Schutz 1962).

However, this perspective of new relevancies and many of the experiences cited in connection with a deaf child, are true also for families of children with a very wide range of disabilities. The question arises, therefore, whether it is possible to talk of deaf-specific forms of stress. More generally, is there any evidence that there are particular kinds of stress associated with particular impairments?

It has been suggested that there are "different personality and behavioural configurations associated with different disabling conditions" (Kazac 1986) that create stress in different aspects of the caretaking role if one compares families of children with different sorts of disability. So, for example:

> Holroyd and McArthur (1976) found differences in maternal and child characteristics in samples of children with two disorders associated with mental retardation, autism and Down's Syndrome. Their results suggest that the more difficult child behaviours associated with autism tend to be associated with higher levels of maternal stress than do behaviours characteristic of Down's Syndrome children. (Kazac 1986, p.266)

Similarly Beckman (1983) in an interview study of 31 mothers of infants with various handicaps, concluded that mothers do experience stress from very specific demands of the child, associated with the nature of the impairment. Mothers do not simply experience a higher level of stress. The picture is more differentiated than that.

In the deaf context, stress connected with communication and interaction would appear to be the most characteristic feature in comparison with children with other handicaps. However, there is little work considering specifically the kind of stress that may be associated for families with this particular feature of their child.

(ii) To turn now to the issue of intervening processes between the potential stressors involved in having a deaf child in the family and the resultant stress a family may experience. One is reminded that:

> ... individuals respond to life transitions in a variety of ways. People have broad ranges of social states factors, experiences and personal resources that can interact in complex ways to moderate the perception of, reaction to and outcome of a stressful event. (Kampfe 1989, p.256)

There are three main approaches to this issue of complex intervening processes and how they may operate, in the context of having a deaf child: (a) the interaction between potential stressors and intra-psychic factors; (b) the interaction between potential stressors and the wider social/ structural world of the family; (c) the interaction between potential stressors and factors that may protect against a stressful outcome. In reality, these three approaches are not completely distinct and within research hypotheses they are often combined. However, in what follows they will be treated separately, though are not considered to be mutually exclusive.

(a) To take intra-psychic factors first. There has been some work on the significant role played by family members' *perception* of the experiences associated with the child's deafness, in rendering them stressful (Calderon and Greenberg 1993; Kampfe 1989). It is suggested that:

> ... stress lies not in the environmental input but in the person's appraisal of the relationship between that input and its demands and the person's agendas (e.g. beliefs, commitments, goals) and capabilities to meet, mitigate and alter those demands in the interest of well being. (Lazarus et al 1985, p.770)

In other words, what is appraised as being stressful to one, is not so to another. Factors such as individual's and families' past experiences of resolving crises (Goldberg 1979), previous contact with disability and intervention services (NSW 1991) and personal coping skills contribute to whether any particular aspect of having a deaf child in the family is experienced as stressful. Kampfe (1989) points out the vast range of 'meanings' the same circumstances may have for different families.

(b) To turn now to the potential stressors involved in a deaf child in the family, in their interaction with the wider social and structural world of the family. This approach draws attention to the fact that families with a deaf child are like all families in that they will also experience the range of 'normal' stresses that all families experience, both in the

sense of having to deal with major life events and in the sense of facing the day to day hassles of family life (Dohrenwend and Shrout 1985; Greenberg 1993). Berry (1992) gives an example of the "competing demands of adjustment" involved in a family where:

> ... a parent of a child with special needs may be dealing with adjustment to divorce while simultaneously facing the challenges that the child presents. (Berry 1983, p.45/46)

Minor stresses associated with caring for any young child, such as bedtime routines and disciplining the child, equally apply to caring for a deaf child (Gregory 1976; Quittner, Glueckauf and Jackson 1990).

Furthermore, families with a deaf child, share with all other families, the characteristic of passing through a life cycle (Kazac 1986). At different points in the family's evolution they will pass through periods of transition and will be prey to the same range of structural stressors, for example, deleterious economic circumstances, as any other families. These are not necessarily or primarily a result of having a deaf child, but of being a family in the real world.

> The family itself is an evolving social and cultural unit with a history, a life style and a structure that preceded the entry of a damaged child into its midst. As the family moves through its life cycle, its future course is moulded by the same variety of social forces that effect all families, as well as the demands of the damaged child. (Kelman 1964, cited Hewitt 1970, p.114).

However, much of the literature on family stress, adjustment and deaf children, reads as if the only major stresses experienced by a family are those associated with the deaf child and its needs, a fact that makes some of the research findings problematic:

> Without data on the types of stress that families with non-handicapped children experience, it is difficult to interpret reports of stress in families with handicapped children. (Kazac 1986, p.267)

If one takes seriously the wider context of major and minor stresses experienced quite normally by all families throughout their life cycle, then the key issue becomes how do they interact with the unique potential stress a deaf child brings to a family?

Harris (1982) maintains that the stressors associated with a deaf child, serve to *intensify* the effects of other normal or expected stresses experienced by the family and that this intensifying effect is a constant one. It occurs because, in his terms, the deaf child "is a highly unanticipated life event that occurs off time in the expected course of life" (p.161).

Looking from the other way round, greater levels of stressors within families resulting from their social/ structural circumstances are claimed to put families at a higher risk of poor adjustment to their deaf child, even though these factors are not directly related to their child's deafness or its demands on the family:

> When these responsibilities and potential stressors are compounded with other stressful life events not directly related to parenting a deaf child (e.g. poverty, inadequate housing, poor parenting practices, family instability), the risk for poor adjustment in families and children increases. (Calderon and Greenberg 1993, p.31.)

The actual mechanism through which other family stresses may be intensified or how their compounding with stressors associated with the deaf child, may put families at risk of poorer adjustment, is little understood. However, it has been speculated, for example, that in family environments of considerable general stress, there may not be the resources (of time, energy, money) to attend to and put into practice skills and behaviours intervention services seek to promote as beneficial for the deaf child (Hindley 1993). In a study of Hispanic parents of deaf children in the USA (Lerman 1984), where these parents were largely unemployed or working in menial positions and the family size was larger than the national average, it was concluded that:

> In these families, not only the demands of the handicap but the burden of economic survival conditioned the families' options. Specifically, parents as a function of socio-economic class are differently able to take an active role in the care of their children, particularly with respect to special intervention programmes related to their handicapped children. (Lerman 1984, cited in Kluwin and Gaustadt 1991)

(c) To turn now to features that may modify the effects of potential stressors. To some extent this issue has already been covered in considering how intra-psychic processes and the characteristics of the social/ structural environment impinge on the stress associated with a deaf child in the family. However, moderator variables that can be added

into the environment and are open to "relatively easy manipulation" (Mac Turk, Meadow-Orlans, Koester and Spencer 1993) have also been investigated for their implications for intervention. A key moderator in this sense is social support.

There is strong evidence to indicate its significance in those features of caring for a deaf child, routinely considered stressful, such as communication and interaction in the very early years after diagnosis. In an investigation into the social and language development of deaf children of hearing mothers:

> Interactions between mothers and deaf infants were found to be positively influenced by social support provided to mothers in the early months of infants' lives (Mac Turk et al 1993, p.19)

Furthermore, the amount of social support mothers' received "contributed significantly to the quality of *later* mother-child interaction". Levels of social support are also found to contribute strongly to over-all adjustment to the deaf child. In a study of families with school age deaf children, it was found that:

> ... the association between negative life stress and maternal adjustment to the child, after accounting for hearing loss, was completely explained by social support. (Calderon and Greenberg 1993, p.39)

These results are startling, with clear implications for early intervention services to strengthen and develop families' supportive networks. However, the equation of a better outcome for parents with greater resources, is too simple:

> Though these findings are important in that they point to the need for providing assistance to those who lack the necessary supportive networks, they do not account for individual differences nor do they explain why some parents who are provided services still experience problems. In other words, the issue of why varying intensities of personal pain occur when the ecosystem seems to be supported still needs to be addressed. (Bernier 1990, p.590)

Quittner et al (1990) in their comparative study of mothers of a deaf child, with matched controls of mothers in families without a deaf child, uncovers, in this respect, yet a further mechanism operating between potential stressors, social support and the degree of stress experienced. She found a significant relationship, not between levels of support and

maternal adjustment, but between *perceptions* of that support and the outcome for the mother. She found the lower the perceptions of support, then the greater the increase in symptoms of depression, anxiety and hostility amongst the mothers. Furthermore, the level of perception of support was directly related to child related stressors, and so the greater the child related stressors, then the lower the perceptions of support. In other words, the existence of particular levels of social support per se, does not mitigate the potentially stressful effects of a deaf child in the family.

In summary, 'The Stress Model' seeks to account for variations in families' reactions to their deaf child, in terms of the stress experienced and how this is managed and mediated. This process is adjustment. It presumes that families with a deaf child will generally experience greater levels of stress than families without. However, the source of the stress is by no means easily explicable in terms of the unique conditions a deaf child brings to a family. The mechanisms by which the new and different demands of a deaf child are rendered stressful, are complex and multivariate.

With regard to implications for intervention, this model suggests that the effects of the new demands and experiences of a deaf child in the family, cannot be understood or handled in isolation from the personal and structural pressures that may occur simultaneously for a family. Intervention that focuses on what is considered uniquely stressful about a deaf child, rather misses the point. Furthermore, intervention which addresses the possibility of altering some conditions within this wider context (such as levels of social support, or economic conditions), will indirectly assist in families' adjustment to their deaf child.

2.2.5 The Continuity Model

'The Continuity Model' like 'The Family Dynamics Model' is interested in the impact of the deaf child on the family, as a functioning unit of complex behaviours and relationships.

However, unlike 'The Family Dynamics Model' it does not take disruption to family patterns and equilibrium as a basic premise.

The model admits that a deaf child is bound to have disruptive effects on families, in that a deaf child and their needs are likely to lie outside most families' previous life experience (Goldberg 1979). However, the model seeks to understand families' reactions and their accommodation to the deaf child and his/ her needs, from the perspective of what remains the same for the family. It asserts that internal patterns of family life are disrupted a lot less than one would expect by the presence of a 'handicapped child' (Hewitt 1970, p.114; Trute 1990 p.292) and focuses instead on the influence of features of family life that pre-existed the birth of the deaf child and continue.

Family studies that have looked at parenting practices (Hewitt 1970, Voysey 1975; Gregory 1976), for example, have found that parents, or more usually mothers, tend to use the same skills and strategies with their disabled child as they did with their children without disabilities. The picture is one of practices only changing when difficulties arise, rather than parents perceiving the parenting task to be radically and completely different with a disabled child:

> We have also seen that families meet the day to day problems that handicap creates with patterns of behaviour that in many respects deviate little from the norms derived from studying the families of normal children. They have more similarities with ordinary families than differences from them. (Hewitt 1970, p.174)

Gregory (1976) similarly, in her study of families of deaf children, comparing her results with a cross section of families without deaf children, (Newson and Newson 1965) found, for example, that:

> the expectancies of the mothers as to their child's behaviour at mealtimes did not differ between deaf and hearing children. (Gregory 1976, p.63)

However, not all aspects of parenting were as comparable with parenting a hearing child and significant differences were found in particular domains, such as bedtimes which were four times as likely to be "indulgent" in comparison with the hearing group (p.65).

Evidence of the influence of continuous features of family life in shaping reactions to a child's deafness, is found also at the level of personal philosophies and family beliefs. Attitudes and values that have been formed through life experience prior to the birth of the deaf child and not necessarily in connection with disability or deafness, are available to be applied to the new situation - the deaf child in the family.

Fletcher (1987) makes this point when she writes of her reaction to the peripatetic teacher's advice on communication with her deaf son:

> What Jan has just demonstrated is *simply not our way of doing things*...The [ideas] that most appeal to us are those which have as their basis a firm respect for the rights of children as originators and decision makers in their own learning, own experience with Sarah, and with the children in our classes, gives ample support to this view, and over the years it has become our own. *It fits in with us as people, with our way of thinking*... (Fletcher 1987, p.53, emphasis mine)

Here she rejects advice deemed to be of specific relevance to a deaf child and instead is guided by experiences and values of personal relevance that she brings to the deaf situation.

Thus, 'The Continuity Model' seeks to understand the impact of the deaf child from within the context of the evolved behaviours and attitudes of family members and the family as a whole. It makes the point that these are not going to be displaced immediately by the new and specialised demands of a deaf child, but will be used to accommodate those needs. They are the most available resources. It emphasises that although the event of having a deaf child and the new experiences associated with it are indeed outside the previously 'normal' range of family life, the responses used to interpret and manage that event are not necessarily so.

The central issue with regard to 'adjustment' in this model, therefore, is the process involved in the continuous features of family life being used to make sense of and direct action towards the new feature (the deaf child) and how that new feature, over time, modifies that which is assumed to be continuous in the family (Darling 1983; Davis 1963). It has been argued that central to this process is parents' need to develop an *account* of their child's disability (Voysey 1975).

Through many sources, including their own previous experience, attitudes and beliefs and through contact with doctors and other professional intervention services (Darling 1983), parents gradually build up an explanation of their child's disability. This is an explanation both in a factual and ideological sense. That is to say, it encompasses both practical and medical understanding connected with the disability and more common sense understandings of what a disabled child 'means' to the individual or particular family. So for example, authors have charted parents' application of ideologies such as 'acceptance of the inevitable', 'the positive value of suffering', 'the discovery of true values' and so forth (Voysey 1975, pp. 194 - 203). In this way the difference and disruption a disabled child potentially brings to the family is instead reconciled within the family's normative constructions (Nash 1975). In essence, families develop an account they can live with and which rationalises attitudes and behaviours directed towards the disabled child.

In summary, this model emphasises the strength of what remains constant for a family. The process of change is not characterised by discontinuity or disruption, but by incorporation and evolution. In terms of intervention, it implies that greater attention could be paid to family members' pre-existing behaviours, beliefs and attitudes in seeking to engage them in activities to fundamentally alter their child's developmental environment.

2.2.6 Conclusion

The four models considered have all addressed in their own way the tension between that which is common in the impact of a deaf child on the family and that which is individual to the family. In 'The Grief Model' the common feature of the response is the characteristic and predictable affective stages experienced by individual family members; in 'The Family Dynamics Model' it is the discontinuity of the event that totally disrupts pre-existing patterns of relationships and behaviours; in 'The Stress Model' it is the characteristic potential stressors the child deafness brings and the generally higher risk of stress they provoke; and in 'The Continuity Model' it is the mobilisation of pre-existing resources and the influence of previously formed attitudes.

With regard to heterogeneity of response, it is accounted for within 'The Grief Model' by the extent to which family members are successful or not in working through their grief; within 'The Family Dynamics Model' by the varying means through which families seek to re-establish equilibrium; within 'The Stress Model' by the intervening processes at work between potential stressor and stressful outcome in families' management of stress; and within 'The Continuity Model' by the nature of pre-existing family characteristics and the evolutionary course of the family.

Consequently, each model has its own definition of what may be meant by 'adjustment'. Adjustment, to 'The Grief Model' is the end of the affective process which marks the beginning of the possibility of constructive action; to 'The Family Dynamics Model' it is the re-establishing of equilibrium, although adjustment in this sense may not have beneficial effects for child and family; to 'The Stress Model' it is the ability to manage (minimise deleterious effects of) potential and actual stress; and to 'The Continuity Model' it is allowing the experiences associated with the deaf child to interact with that which already exists in an on-going evolutionary process.

Outlining these differences between models underlines the complexity of the context in which early intervention services seek to promote changes and the inadequacy of any single model to understand the processes involved in family responses, both to the deaf child and to the intervention on offer. However, some general guiding conclusions can be drawn:

(i) That there are characteristic or typical effects of the experience of having a deaf child in the family, must be strongly questioned and alone is a highly problematic basis for any intervention.

(ii) Few, if any aspects of the experiences associated with having a deaf child in the family, can be considered to have direct effects on any given outcome for family members or the child. Rather, intervening process governed by variables not necessarily associated with the 'deaf situation', are of significance in predicting outcome.

(iii) Family characteristics that pre-existed the birth of the deaf child, across all domains, (inter/ intra psychic, attitudinal/ behavioural; social/ structural) are of great significance in directing family responses and accounting for differential outcomes.

(iv) While intervention services' central concern may be the deaf child in the family, in present time, the family has its own wider perspective in which the deaf child is one event in its history and is not the only event of its present time.

2.3 Intervention Methodologies For the Promotion of Child Language Acquisition

2.3.1 Introduction

To turn now to the second primary focus of early intervention - the facilitation of the deaf child's language acquisition. Like the history of deaf education at school age (Lane 1984), this goal of early intervention has been dominated by a war of 'methods' (Moores 1978). Arguments centre on the desirability or not of using some form of manual/ visual communication with the deaf child, only oral/ aural means of communication, or a mixture of the two. Furthermore, within each of these broad approaches, there are technical disputes about the form of the method.

Each method, carries with it a distinctive underlying philosophy concerning the relationship between the deaf child and the hearing society, an interpretation of the processes involved in a deaf child's language acquisition and a consequent specification of the characteristics of the role the family should play in fostering that acquisition and development. These issues are inseparable from 'method'.

In what follows, the two dominant models of early intervention to promote deaf children's language acquisition will be outlined alongside the assumptions that underlie them. Evidence of their relative efficacy will then be assessed. The recently evolving alternative approach - the bilingual/ bicultural model - will be left for consideration within its wider framework in Chapters Three and Four.

2.3.2 The Oral/ Aural Method

The main aim of early intervention using an oral/ aural method, is to encourage children to understand speech and to talk (Ewing and Ewing 1964). Proponents are clear, that which must be prevented is the "dumbness"' of deaf children (van Uden 1977). Viewed historically, the supposed necessary connection between deafness and dumbness is no longer valid (Markides 1985), therefore, it is considered that all deaf children have the potential to speak and that this potential can be realised if correct steps are taken early in the child's life.

The method emphasises the potential "normalness" of deaf children (Bates 1985), that is to say, they can ultimately take their place in hearing/ speaking society (Lowe 1991). Deaf children are not considered to be different from hearing children, however, what may make them such, is if they are not afforded the opportunity to learn to communicate through speech. Writing about the use of sign language by deaf people, van Uden (1977) rejected the then newly emerging work of sign language linguistics, because he considered it impossible to escape from the basic truth that a manual language is both a dehumanising language and a de-culturalising one. There is an implication that it is speech that sets man (sic) apart from animals, and communication without speech, therefore, can never fulfil what it is to be human:

> ... sign languages...in our opinion are not cultural languages of the same value as oral languages, not even when metamorphosed into so-called 'manual English'...signs are not arbitrary codes, but iconic and dramatizing ones, keeping thinking much too concrete. Also their number is much too limited. We conclude: the sign-language cannot be acknowledged as a fully humanizing language contra Stokoe 1970, only to be used when no other form of communication is possible. (van Uden 1977, p.23)

Manual forms of communication are considered to be appropriate only in rare cases when the child is found "incapable of acquiring verbal language" (Bates 1985).

The processes of language acquisition in the normally-hearing child are considered "highly relevant" (Andrews 1988) to the deaf child. It is claimed that it is possible for the deaf child to acquire language along the "normal lines" of first language acquisition by hearing children (Andrews 1988; Bates 1985; van Uden 1977). They will pass through the

same stages of language acquisition, in the same sequence as hearing children, although their progress may be slower or delayed (Andrews 1988; Lewis and Richards 1988). Whilst it is acknowledged that deaf children may have "an experience of language that is incompletely perceived and radically reduced in range and frequency" (Andrews 1988, p.54), the effect of this is not to alter the acquisition process itself, but merely for it to occur less efficiently and less quickly than in hearing children. In this sense, the arguments for the qualitatively harmful effects of impoverished exposure to early language (Sec 1.2.2), are largely rejected.

Evidence is cited of deaf children displaying the same pre-verbal behaviours as hearing children:

> ... we have found hearing impaired children to display all the early features of attending and listening behaviour identified for hearing children, including a gradual movement towards the shared rather than divided, attention... (Lewis and Richards 1988, p.35)

Similarly, later stages in the child's language development are found to be the same, such as "trial and check play" (van Uden 1977) in which conversation and proto conversation (Wells 1987) form the basis of the child's *own construction of their emerging language.*

The one concession that is made, is that, unlike in normally-hearing children, the naturally occurring process will require some assistance, hence the necessity for early intervention. However, with a strong emphasis on deafness not being allowed to dislocate the child from the normal track of language acquisition, there is some argument within the oral/ aural approach about what appropriate assistance might be. The argument centres on whether deliberate strategies of speech teaching, viewed as a non normal means, should be introduced (the constructive approach), or whether the child requires rather, a maximally 'natural' language environment (the natural approach).

In the first approach, parents are encouraged to "train" their child to listen (Ewing, Ewing 1964). This training consists of firstly the child developing a "good oral-auditory attitude" (Maas 1984). So, children routinely are made aware of the sources of sound around them - the telephone ringing, a knock at the door, footsteps outside. The child is taught to be "face directed" (Maas 1984) so that they look towards the mouth for both aural

and visual (lipreading) clues. With the use of a speech trainer, children get used to the sound of their own vocalisations and later to the sounds of words they can produce. In every day routines, parents are encouraged in such strategies as matching word, object and context for the child and waiting until the child makes a vocal request before giving the child something they want (Ewing and Ewing 1964; Maas 1984). In this way, it is presumed the child becomes reliant on the oral/ auditory channel for their reception and production of language. Both the behavioural modelling and socio-interactive features of language acquisition are fulfilled (Sec 1.2.3; 1.2.4). This kind of training is consistently underpinned by maximal use of residual hearing through amplification (Markides 1985, Lewis and Richards 1988).

The 'natural' approach, largely developed in The Netherlands, also emphasises the necessity of making the most of the child's residual hearing and providing the best amplification. However, this approach is concerned that the deliberate intervention of speech teaching and its related principles, subverts the acquisition of a mother tongue in all its complexity (van Uden, 1977), because it imposes an unnatural means on a natural process. For example, the deliberate teaching of speech is regarded as distorting the usual patterns of interactions, intentions and responses between mother and child (Lewis and Richards 1988). This is particularly dangerous, because it is in conversations, filled with the whole range of intentions in language - "questions, demands, feelings, calls" (van Uden 1977) - that the child develops the full range and subtlety of their language. Van Uden writes of the "danger" of parents using more restricted, simplified and poorly structured language with their deaf child than they would with a hearing child of the same age:

> The consequence of this spontaneous wrong behaviour is that the child never emerges from his very primitive circle of communication (van Uden 1977, p.37)

In other words, the natural oral approach exploits the social-interactive roots of language acquisition (Sec 1.2.4) believing that their distortion occurs not through the child's deafness, but rather through others' reactions to it. As long as the natural form of interaction can be preserved, then it is assumed that the deaf child will, albeit more slowly, spontaneously generate language.

Anathema to both approaches is the use of gesture or of signs to support the child's language development. Manual/ visual means are regarded as a distraction from both the child learning to rely on their oral/ aural channel and the mother behaving in a 'normal' manner with their child.

With regard to parent's participation in the oral/ aural method of early intervention, there is overwhelming agreement that they are the most significant factor in whether the method works and the child achieves speech and understanding (Ewing and Ewing 1964). There are two aspects to the parents' participation, firstly their attitude towards their child's deafness and secondly, their behaviour in the home with the child.

Both constructivists and those taking a natural approach, are concerned to ensure that parents have the correct *expectations* of their deaf children, that is to say that they expect them to speak and develop as hearing children would. Ewing and Ewing (1964) write of a "borderline attitude" amongst parents that is detrimental to the children fulfilling their true potential. It is also suggested that if the parents have reduced expectations of their deaf child, then this is likely to impede natural interactive patterns and so not provide a facilitative enough language environment for the child (van Uden 1977).

If in their behaviour with the child, parents neither are skilled nor tenacious enough trainers, or fail to give appropriately "real experiences of language" (Lewis and Richards 1988), then the child will fail to develop speech optimally. With the burden of responsibility placed firmly with the parents, elaborate schemes of parent "guidance" are developed with the emphasis on the " expert supervision" and "training" of parents to fulfil their pivotal role. The parent programmes of St Michelsgestel (van Uden 1977), of the Manchester clinic (Ewing and Ewing 1964) and by correspondence, of The John Tracy Clinic, have been among the most influential (Robinson 1987; Shaw 1985).

2.3.3 The Manually Coded English Method

Manually Coded English (MCE) is a generic term that refers to a range of communication methods that combine speech with signs in a strategy of simultaneous production of language through the two available modalities - the oral/ aural and the manual/ visual. The various sign systems - Signed English, Sign Supported English, Signing Exact English, - vary in the extent to which they seek to produce an exact visual representation of spoken English (Stuckless 1991) and, therefore, vary in the degree to which they encode word endings, tense markers and other inflections of English (Mayer and Lowenbraun 1990). The signs themselves are borrowed from sign language (such as BSL, ASL, NGT), but used in English word order and within the grammar of English.

Whilst MCE systems have been widely used, and in some cases purposefully developed (Gustason 1981), as means of communication within educational settings (Baker and Child 1993; Stewart 1993; Tervoort 1983), they are also widespread in early intervention (Bornstein 1980; Hoffmeister and Shettle 1981; Ritter-Brinton and Carrier 1992; Svartholm 1993; Swisher and Thompson 1985). Whilst these approaches sometimes go by the title "Total Communication", that is more accurately described as a philosophy, in which theoretically, all means of communication are offered to the child for both the reception and expression of language (Buter, Emmerick, van Gelder, Hendricks and Scheffner 1990; Stewart 1993). However, in practice, Total Communication is more usually interpreted as and primarily involves, the use of some form of MCE (Nix 1983; Stewart 1993; Sutcliffe 1983).

Two strong assumptions underlie the use of these systems. Firstly, it is assumed that the deaf child's difficulties in acquiring language centre on their lack of access to that language. As long as language continues to be presented through the oral/ aural channel alone, then the deaf child will continue to be disadvantaged. If it is possible instead to present the same quality and complexity of linguistic information but through the visual channel, then the child will regain access. In other words, the real issue in deaf children's language acquisition is modality and once this is overcome then all the natural processes can occur once more unimpeded:

> ... the child [is allowed] access to a range of language meanings and consistent opportunities to extract language rules naturally from the environment. (Moeller and Luetke-Stahlman 1990, p.327).

It is further assumed, that the process of acquiring English through seeing a model of it (Nix 1983) will lead on to the child's reproduction of that model both in speech (Schlesinger 1978) and in writing (Sutcliffe 1983). Reading and writing English is particularly identified as a problem for deaf children. The presentation of an English model through signs from a very early age, in which grammar is both systematic and correct, by English standards (Luetke-Stahlman and Moeller 1990; Nix 1983), is thus considered highly facilitative of the child's later literacy skills (Sutcliffe 1983) and preventative of the poor educational outcomes associated with deaf children (Sec 1.3).

The second presumption underlying the MCE method, is that whilst signing is certainly to be encouraged, signing in the form of sign language is not advantageous either for the child or for the parents. Some of the deaf child's difficulties with reading and writing are identified as being closely linked with the non English word order of sign language and the confusion of being exposed to a grammar that differs from that of English (Brasel and Quigley 1977; Ritter-Brinton and Stewart 1992). If the aim is for the deaf child to be a first language English user, as it clearly is in the MCE method, then the manual/ visual modality must be clearly differentiated from that of a separate manual/ visual language.

From the point of view of the parents, MCE systems are regarded as advantageous because, in comparison with sign language, they are supposed to be relatively easy to learn (Ritter-Brinton and Stewart 1992; Svartholm 1993). Parents are not learning a separate language but rather a code for their own (Gustason 1981; Schlesinger 1978). Consequently, it is claimed that parents are able quickly to achieve a communicative competence (Schlesinger 1978) and subsequent confidence with their child. It is also argued, that the use of a sign code alongside speech allows for more easy participation of all family members in interaction with the deaf child and in communication with each other in a way that could be accessible to the deaf child (Schlesinger and Meadow 1972). Thus,

some of the conditions of a deaf child's incidental exposure to and learning of language can also be reproduced.

However, critics of the MCE method have suggested that this theory does not live up to practice. Whilst in theory it offers the potential to reproduce an early environment in which the deaf child's exposure to language is not impoverished, the child has the opportunity to experience discrete models of language from which to copy or generate their own language and which is an environment of high communicative competence and reciprocal interaction, in practice these conditions are not produced. The difficulty arises with regard to whether it is indeed possible to produce a visual code of English of the quality, frequency, consistency and ease necessary for the method to fulfil its claims (Swisher and Thompson 1985).

In this respect, research has investigated the performance of teachers and of parents who were attempting to produce Manually Coded English. Significant deletions have been found initially in studies of classroom teachers (Marmor and Petitto 1979) and later in studies of mothers (Swisher 1986; Swisher and Thompson 1985). For example, only 10% of the declarative sentences and questions used by two middle school teachers were found to be grammatically complete in the signed message (Marmor and Petitto 1979). In a study of six mother/ child dyads:

> ... a lack of structural equivalence between speech and sign was found in 60% of parents' utterances. Manual representations of English morphemes (e.g. -ing, -s, and -ed) were present only 50% of the time. (Swisher, Thompson 1985, cited Moeller and Leutke-Stahlman 1990, p. 327)

Similarly, amongst 20 mothers who had used simultaneous communication for 1 to 6 years, around 75% of their signed utterances were grammatically incorrect according to the rules of spoken English (Crandall 1974).

However, there are some important caveats to these results. Firstly, when such studies are replicated, considerable variations occur both in the overall level of lack of equivalence/ deletions between language modes and in the levels of these between subjects in the research group. Teachers have been recorded as accurately signing 84% of spoken morphemes (range 50% to 98%), with a mean of accurately signed spoken utterances at

53% (Mayer and Lowenbraun 1990). While, syntactic deletions were present amongst parents, a very wide range (14%-85%) was discovered in the consistency of the match between the signed and spoken code (Moeller and Luetke-Stahlman 1990). It is thus suggested that variation may be due to other factors than those related to the structure of the Manual English Code (Mayer and Lowenbraun 1990).

One such factor, has been identified, not surprisingly, as the degree of skill and experience of the teacher or parent (Kluwin 1981). Furthermore, a parent's level of accurate encoding of the spoken message is amenable to considerable improvement, through specifically targeted interventions (Luetke-Stahlman and Moeller 1990). In one such programme, the average consistency of parents' SEE2 [1] production rose from 57% at baseline to 80% during intervention.

Finally, from the point of view of the child, it has been suggested that the degree of consistency and accuracy required for linguistic models to be useful for a deaf child's English rule learning (Mayer and Lowenbraun 1990; Moeller and Luetke-Stahlman 1990) is yet to be established. Therefore, tests of the effectiveness of MCE methods based upon assumption of the importance of accurate encoding of the message, may not be highly relevant, particularly with regard to the very early years. However, as already discussed (Sec 1.3.2), one needs to be cautious about overestimating the potential of a deaf child in a situation of impoverished input.

2.3.4 The Comparative Effectiveness of Oral Only and MCE Methods

Given the radical differences in these two approaches to language acquisition within early intervention, research has sought to assess their relative effectiveness. However, whilst general trends have emerged, the often contradictory results have highlighted the significance of other factors besides the 'method' in accounting for outcome.

There is now some evidence for the benefits of a mixed manual/ oral approach using some form of MCE as against an oral only approach. With regard to early

[1] Signing Exact English, version 2.

interaction, Greenberg (1980b) in a study directly comparing mother/ child dyads using simultaneous communication with those using a purely oral approach, found that interactions in the simultaneous communication (simcom) dyads were longer, more complex and contained more co-operation and positive affect than in the oral only dyads. Furthermore, these differences did not result from differences in level of communicative competence:

> That is, the communication method itself, separate from the competence level, strongly influenced the flow of interaction. (Greenberg 1980b, p.473)

Similarly, Meadow, Greenberg, Erting and Carmichael (1981) in a four way study comparing hearing children/ hearing mothers, with deaf children/ deaf mothers, with deaf children/ hearing mothers using oral only approach, with deaf children/ hearing mothers using simultaneous communication approach, found that of all the groups the hearing mothers using an oral only approach:

> ...spent significantly less time engaged in interaction...had the least number of child initiated bouts ... [and] the highest proportion of non elaborated bouts. (Meadow et al 1981, p. 460/462)

Moreover, in this study that reveals important similarities between the quality of interaction between the deaf/ deaf and hearing/ hearing groups, it is the dyads using simultaneous communication, rather than the dyads using an oral approach that are more similar to this standard.

With regard to the child's social and emotional development, a number of studies have indicated the advantages of a mixed manual/ oral approach. Evans (1988) in a study of parents of children who initially had followed an oral only approach at pre-school and then changed to a Total Communication approach, found that parents estimated huge increases in their child's level of "social and emotional growth". Greenberg (1980b) in a study also based on mother's estimates of various features of their deaf child's development and which also controlled for level of communicative competence as well as mode of communication, found that:

> HCS children [high communication level, simcom] received significantly higher estimates of social age than did HCO [high communication level, oral only] and LCO [low communication level, oral only] children. (Greenberg 1980a, p.1066)

However, such evidence of the comparative effectiveness of mixed manual/ oral approaches, over oral only approaches, is not without its critics. A series of studies in the mid 1980's demonstrated extremely high levels of synchrony and responsiveness in interactions between mothers and children using an oral only approach, in direct contradiction to previous research. Chadderton, Tucker and Hostler (1985) found mean percentages of appropriate response to child initiations to be around 90%. The explanation offered for such a contradictory result is that these are parents who are well trained and committed to the oral / aural model, who have gone through the particular early intervention programme at the Manchester clinic and who are, therefore, very successful at it. In other words, it is not the model used to encourage language acquisition per se that should be at issue, but the actual implementation of it. Indeed it has been suggested that one of the difficulties with the oral method is that there is a 'deliberate' version of it and an 'unconscious' version of it. By default, parents may pursue an oral only approach, in that they speak to the child, but this does not imply they are necessarily doing anything meaningful or constructive.

More recently, there has been growing interest in what is termed 'neo-oralism'. The poor developmental results of children who have followed an oral only form of early intervention and oral based instruction in school are accepted, but as artefacts of the past. Instead, improvements in the delivery of the method in programmes of early intervention, earlier diagnosis and technological advances, are now held to ensure a much improved outcome for the deaf child exposed to the oral/ aural method (Lynas 1994). However, there is not yet sufficient hard evidence, particularly for the pre-school period, to assess this claim.

The importance of the type of intervention programme, not just the method of intervention, is also highlighted in a study comparing two matched groups of families, one of which received a "systematic" form of early intervention using a Total Communication approach and one of which received a "haphazard" form, also using a Total

Communication approach (Greenberg, Calderon and Kusche 1984). The interactive style of the mothers of the former group was found to be more in synchrony with their child's on-going activity and more responsive, suggesting once again the importance of the actual incarnation of the method.

It has also been suggested that comparative research in the early years is only half the story. Little is known about how advantageous differences produced by different methods, may or may not be sustained as the child grows up. Matched cohorts have rarely been longitudinally studied (Bornstein 1980; Brasel and Quigley 1977; Greenberg and Kusche 1989).

2.3.5 Conclusion

Although the oral/ aural and the MCE methods may disagree about the form of communication to meet their goal, they both agree on the goal - the child's acquisition of the spoken and written language of his/ her parents and of surrounding society [2]. They both presume that the deaf child will follow a pattern of language acquisition comparable to that of spoken language although in the case of the oral/ aural model it is presumed to occur more slowly, and in the case of the MCE method it is presumed to occur through a different medium. Although over the past twenty years, neither approach has been able to ensure deaf children's spoken/ English language development at a level comparable to that of a hearing children (Stewart 1993), there is some evidence to suggest an MCE approach is more successful.

However, in responding to criticism of their relative ineffectiveness, each method is concerned to demonstrate that dependent variables are highly significant, such as the particular intervention programme implementing the method, or parents' level of commitment and skill in reproducing the exigencies of the method. The independent variable of the goal of the method itself, is not particularly at issue in countering criticism.

[2] The situation is clearly more complicated with regard to families in which the spoken language of the home is not that of the country in which they live.

By contrast, the relatively new bilingual/ bicultural approach to early intervention does radically challenge the independent variable, in that it challenges the fundamental principles on which both the oral/ aural and MCE methods are based. The bilingual/ bicultural model is the subject of Chapters 3, 4 and 5.

CHAPTER THREE: PRINCIPLES OF THE BILINGUAL/ BICULTURAL MODEL (PART ONE)

This Chapter and Chapter 4 outline the principles underlying a bilingual/ bicultural approach to early intervention in hearing families with a deaf child. These principles derive from a model of deaf people which is radically different from that which supports oral/ aural approaches or MCE approaches to early intervention. Therefore, the model requires close consideration before turning to issues in the implementation and practice of bilingual/ bicultural early intervention with families (c.f. Ch 5).

In setting out the model the concepts of bilingualism and biculturalism will be placed in the deaf context. For the sake of clarity, this Chapter will concentrate on bilingualism and Chapter 4 on biculturalism. This separation is rather artificial, for to be bilingual and to be bicultural are closely interrelated. However, a discussion of biculturalism in the deaf context and how it relates to deaf people's bilingualism, will be reserved for Chapter 4.

This Chapter will begin first with a discussion of what it is for a deaf person to be bilingual. This will be followed by a consideration of implications of this model for deaf children's acquisition of sign language and learning of the written/ spoken language.

3.1 Bilingualism and Deaf People

3.1.1 Introduction

Bilingualism with regard to deaf children and adults has been defined as "the knowledge and use of two languages" (Kannapell 1980; Kyle 1994). The two languages are the written/ spoken language of the hearing majority and the sign language of the Deaf Community[1] (for example, English and BSL).

[1] For a discussion of the use of upper case 'Deaf Community', c.f. Sec 4.4.5

Sign languages are no longer considered an impoverished, sub-linguistic means of communication. Investigations of linguistic principles, initially in the United States (Klima and Bellugi 1979; Stokoe 1960), later in Europe (Duechar 1984; Kyle and Woll 1985) and continuing in the countries of the developing world (Kegl 1994; Senghas 1994), have established sign languages as "fulfilling the requirements of a genuine language" (Schlesinger and Meadow 1972). They are found to share defining features of spoken languages along with special characteristics of their visual modality (Petitto 1994).

> ...sign languages like ASL[2] are natural languages because (1) they develop naturally over time among a community of users, (2) they are acquired through an ordinary course of language acquisition by children exposed to them, and (3) they are grammatically organized according to principles found in all other human languages but exhibit independent patterns of organization that make each sign language unique. (Johnson, Liddel and Erting '989, p.5)

It thus becomes possible, in the simplest sense, to consider that deaf people who know and use sign language and who know and use the written/ spoken language of hearing society, are bilingual.

However, whilst such a definition of deaf people as bilinguals may be broadly accurate, it belies the complexity of the issues involved for deaf people in the acquisition, learning and use of two languages; in the levels of proficiency achieved in both; and in the concerns of language preference and language choice.

In one sense the complexity of these issues is no different from those encountered in spoken language/ hearing bilingual situations where the designation 'bilingual' is open to multiple interpretation (Appel and Muysken 1988; Baker 1993; Baetens-Beardsmore 1986; Grosjean 1982). However, in the case of deaf children and adults, these issues are more difficult. The group of people concerned are also considered to be disabled. This additional consideration informs two very different versions of whether and why deaf people can regarded as bilingual: (i) 'Deaf people by definition cannot be bilingual';

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[2] American Sign Language.

(ii) 'Deaf people by definition are bilingual'. These will be considered first before turning, by contrast, to deaf people as bilinguals in terms of the Bilingual Model.

3.1.2 'Deaf People By Definition Cannot Be Bilingual'

This account does not deny the linguistic status of sign language, nor that deaf people may have knowledge and use of both sign language and of the written/ spoken language. However, these conditions are not considered synonymous with deaf people being recognised as bilinguals (Grosjean 1982; Schlehofer 1982).

Some of the difficulties in recognition arise from the misconception of bilingualism implying a native-like fluency in both languages (Llewelyn Jones 1988). This is sometimes referred to as balanced bilingualism and carries an implicit notion of high levels of fluency (Baker 1993, p.8). By this measure, deaf children or adults are assumed to be precluded from being truly bilingual because of their 'hearing impairment'.

By definition, deaf people are not going to have receptive hearing abilities in the spoken language equivalent to that of a hearing user; expression in the spoken variant of the language is rarely achievable to a standard to equal that of a hearing speaker; and literacy poses considerable difficulties because a deaf child/ adult does not have the benefit of an auditory experience of the language in building up reading and writing skills (Hansen 1990).

In other words, in this account of deaf people as bilinguals (or not), sensory impairment is combined with a notion of balanced bilingualism to exclude, all except the most exceptional deaf people, from being recognised as bilingual.

However, definitions of bilingualism amongst hearing populations have come to include a recognition that the individual bilingual may possess a wide diversity in competence between his/ her languages (Oksaar 1990). This variation may involve differences in competence or indeed lack of mastery of any of the four dimensions of

language skills - expressive (speaking) receptive/ understanding (listening), reading and writing (Baker 1993). Furthermore, the balance of a bilingual's skills in each language may change over time (Llewelyn Jones 1988).

In addition, the level of achievement attained by bilinguals in their languages arises from many factors including the age at which they acquired or learned the languages, the languages that were used in the family, the educational environment, and the languages required in the individual's occupational and social networks (Arnberg 1987; Baetens-Beardsmore 1986; de Jong 1986). These conditions equally apply to a deaf child or adult one may term bilingual (Grosjean 1992; Kannapell 1974; Lucas and Valli 1992).

3.1.3 'Deaf People By Definition Are Bilingual'

This account claims that deaf people's bilingualism is neither a rare nor a new phenomenon, although its acknowledgement might be (Grosjean 1982; 1992). It is suggested that most deaf adults who sign and who have grown up to live and work within the hearing world have to be bilingual, because in their daily lives they are required to use, and do use, both languages.

For example, many deaf children from deaf families acquire sign language as their first language from their parents. Their parents may simultaneously encourage their reading/ writing skills in the language of the hearing majority (Williams 1976). Certainly when they enter the school system they will usually be expected to follow a curriculum through the spoken and written language, for example English (Hoiting and Loncke 1990; Johnson et al 1989). Conversely, deaf children of hearing parents are encouraged in their acquisition of the spoken/ written language from the earliest age (Sec 2.3) which is continued through their formal education. However, classically it is in contact with deaf children of deaf parents whilst at school, or through the adult Deaf Community in later life, that they may learn sign language (Freeman, Carbin and Boese 1981; Gregory, Bishop and

Sheldon 1995; Higgins 1980; Strong 1988). Both DCDP and DCHP[3] in this way grow up to use both sign language and the spoken/ written language in their daily lives to varying extents, with a range of people and for a variety of purposes (Lucas and Valli 1992).

As adults, the majority of deaf people in their employment use some form of spoken/ written language skills, either as an integral part of their job or in social contact with their colleagues. However, many of these same people will prefer to use sign language when amongst other deaf or hearing people who sign (Kyle and Allsop 1982; Schlehofer 1992).

The problem with these examples of deaf people as bilinguals, is that whilst acknowledging a communicative ability in both languages, they largely ignore the level of competence attained in both languages. As already noted, with regard to literacy this has tended to be very low (Sec 1.3). With regard to sign language, for children from hearing parents, there are quite commonly, abiding difficulties in the grasp of some basic grammatical features of the language (Sec 1.2.2). Therefore, in assuming deaf people are by definition bilingual, deaf people's limited skills in one or both languages tends to be accepted as a consequence of their 'disability'.

3.1.4 The Bilingual Model

By contrast, the bilingual model, rejects the laissez faire approach to deaf people's bilingualism in which deaf people's limited bilingual skills arise from individual adaptations to circumstance (Romaine 1989). Rather, the model is concerned to ensure that the deaf individual reaches his/ her maximum levels of competency in both languages. S/he will thus be left with considerable flexibility to use whichever language, in whatever form, the situation demands (Hansen 1990) and as s/he prefers (Pickersgill 1993). In short:

[3] Deaf children deaf parents (DCDP), deaf children hearing parents (DCHP).

> Ideally the deaf adult is a fluent signer of ASL and be able to read and write the English language. He (sic) will use what he feels most comfortable with. When he talks with deaf friends he will use ASL. When he talks with hearing people, he writes English on paper, or he speaks through an interpreter, or uses speech if it is intelligible enough. (Kannapell 1974, p.11)

This goal is not assumed to be rare or inherently unachievable for a child who is deaf (Sec 3.1.2). However, the means to its achievement requires a break from the previous approaches to deaf children's language development and education (Johnson et al 1989).

As already noted (Sec 2.3.1), although there may be a long history of argument concerning effective 'methods', the target language of both early intervention and the medium of learning in educational settings has remained the same - the spoken/ written language of hearing society (Quigley and Kretschmer 1982). Furthermore, the child's developmental and educational environment has been structured as a monolingual environment in pursuit of this language (Stewart 1993).

Instead, the bilingual model argues strongly for an approach to deaf children's early development and education that accords the same status and value to both sign language and the national language, e.g. BSL and English (Davies 1991; Drasgow 1993; Hansen 1990; Pickersgill 1993; Svartholm 1993). However, although equal in status, for a deaf child, these two languages will have different functions (Davies 1994) with regard to, for example, the child's language acquisition, personal/ social development, learning and educational achievement. Also not all dimensions of each language will necessarily be as significant for all deaf children - for example, the spoken form of English.

In what follows, these concerns of the deaf child growing up with both languages and the different functions they serve will be considered in detail.

3.2 Language Acquisition and Two Languages

The bilingual model argues that both sign language and the spoken language should be available to the deaf child within the early developmental environment (preschool). However, these two languages will not play the same role for the child. Sign language will be the child's first language, in the sense of the code most likely to facilitate a deaf child's language acquisition. Exposure to the second language will not result in its simultaneous acquisition with the first, as may occur in spoken language bilingual situations. However, exposure to it will serve to provide early linguistic and social experiences of the presence and use of two languages. This will be beneficial preparation for the child's learning of the written/ spoken language as a second language. These different functions will be considered in turn.

3.2.1 Sign Language as First Language

It has become common to claim that sign language is the *natural* language of deaf children (Davies 1991; Drasgow 1993; Henderson and Hendershott 1991; Johnson et al 1989; Stewart 1993; Strong 1988; Svartholm 1993). The designation 'natural language' is a little ambiguous in that it is one that has been used in connection with other approaches to early communication with deaf children, notably the oral/ aural approach (Henderson and Hendershott 1991). However, in the case of sign language, 'natural' is used to draw attention to the fact that it is a language that can be acquired by a deaf child, effortlessly, spontaneously and without instruction, as a hearing child would their first language (Johnson et al 1989; Strong 1988).

Sign language, as a visual/ spatial grammatical language and fulfilling the requirements of a genuine language (Sec 3.1), offers a deaf child unimpeded access to a *language* (Ahlgren 1990). Unlike with a spoken language, the child is not handicapped by the fact they cannot hear the language for it is not a language to be heard. Sign systems

such as those of Manually Coded English (Sec 2.3.3) are not able to afford such unimpeded access. Although the mode of communication is visual, the structure of the language on which it is dependant is not. It is, therefore, much more difficult for the child to decode the grammar of the language (the syntax and morphology) on which the visual communication is based (Drasgow 1993, p.247). By contrast, with sign language a deaf child has the opportunity for "spontaneous language acquistion with an intuitive acquistion of rules" (Prillwitz 1990, p.21).

Clearly, the visual/ spatial nature of the language is not enough to ensure a deaf child's acquisition of it. The same conditions for acquisition as already discussed (Sec 1.2) apply to a deaf child acquiring sign language (innateness linked to maturity; an environment in which the language is used and the child has the opportunity to see examples of it; relationships with primary carers in interaction with whom the language is used; and a prerequisite of cognitive development). An increasing body of research has concentrated on deaf children, particularly of deaf parents, in whose home environment such conditions apply (Hoffmeister and Wilbur 1980; Meadow, Greenberg, Erting and Carmichael 1981; Volterrra 1990).

There is now considerable support for the conclusion that the stages and sequence of the acquisition of sign language parallel those of spoken language acquisition (Ackerman, Kyle, Woll and Ezra 1990; Caselli 1983; Clibbens and Harris 1992; Gallaway and Woll 1994).

> There is no substantial difference between hearing children with spoken language input and deaf children with sign language input. The fundamental stages of sign language and spoken language acquisition are the same...The timing and achievement of milestones in sign language acquisition corresponds fairly well to the achievement of their counterparts in spoken language acquisition...There is a basic equipotentiality between the gestural and vocal channels, the final result depending on the modality in which the linguistic input is offered to the child. (Volterra 1990, p.40)

This insistence on sign language as a natural language potentially offering a natural acquisition process, is important to the bilingual model for two reasons. Firstly, it demonstrates that a deaf child's difficulties with language acquisition and a deaf child's difficulties with the acquisition of a particular language need to be distinguished. It may be that many deaf children experience great difficulty in the acquisition of English through the spoken or visually represented medium (Sec 2.3.1). However this is not the same as demonstrating that a deaf child has difficulties with language acquisition per se. Secondly, the natural language argument implies that a deaf child *can* acquire language without the expedient of deliberate instruction or formal attention that is commonly associated with early intervention (Sec 2.1.2), (Davies 1991; Johnson et al 1989; Llewelyn Jones 1988). It is thus concluded that early exposure to sign language is the likely best means of a deaf child achieving a well established first language (Johnson et al 1989; Davies 1994).

However impressive the evidence is concerning sign language affording a natural language acquisition for deaf children, its relevance to the situation of deaf children in *hearing families* has been questioned (Peffley 1991; Stuckless 1991). It has been pointed out, that although sign language is clearly advantageous for deaf children of deaf parents growing up in a sign language environment, the case of deaf children in hearing homes is just too different for it to have a direct relevance:

> There is evidence to support the contention that deaf children, exposed to natural sign language in the early years of life, acquire sign in a similar way to hearing children acquiring speech...What is of concern, however, in relation to sign acquisition, is not that deaf children, if given appropriate sign language experience can develop linguistic competence in sign *but whether they ordinarily will*...At least 90% of profoundly deaf children are born of two hearing parents who are very unlikely to know natural sign language. (Lynas 1994, p.146, emphasis mine)

On the hand, such criticisms as these rather miss the point of the bilingual argument. Namely that evidence concerning sign language acquisition is highly relevant because it indicates what *works* for a child who is deaf. This is an essentially child centred perspective and the task of early intervention (and education) thus becomes how to enable such advantageous conditions to exist for a deaf child from a hearing home:

> We facilitate ways that parents *can* communicate with their child and *can* become responsive to the child's needs and preferences. And we protect the *child's* right to choose a language that is fully accessible from the start. (Davies 1994, p.118, emphasis original)

On the other hand, such criticisms strongly draw attention to the fact that one cannot assume any simple model in which the hearing family replicates the deaf family for a deaf child. The issues involved in the application of a bilingual model particularly with regard to what happens in the hearing home, will be very complex. However, whether that is a sufficient enough argument to deny the validity and success of a bilingual model for DCHP is another question. These issues will be returned to in detail in Chapter 5, where close attention will be paid to arguments surrounding the *application* of bilingual early intervention for hearing families with a deaf child.

3.2.2 The Role of the Spoken Language in the Child's Early Environment

It is commonly observed that in the early years (preschool), some deaf children do display a greater propensity for spoken language than others and are keen to explore sound and the spoken medium (Beck, van der Lem, Schermer and de Ritter-Sluiter1995; Davies 1994). This observation has lead to some concern that a bilingual model, which emphasises sign language as first and natural language, will suppress this potential for spoken language in some deaf children. In effect a bilingual model in practice may operate more like a monolingual sign language model.

However it has been argued firstly, that with the majority of very young deaf children it is far too early to predict their potential for the reception and expression of spoken language (Davies 1994). Thus, it is a rather dangerous strategy to count on this supposed ability. Secondly, regardless of the child's propensity for spoken language, a spoken language approach (as already noted) cannot facilitate a deaf child's language acquisition to the same extent as exposure to a natural sign language can. Therefore, while

deaf children should not be dissuaded from an exploration of sound and speech, it is concluded that these should not be confused with the provision of "what is considered a sure thing in facilitating normal development" (Davies 1994, p.116).

Furthermore, it is argued that one cannot expect the presence of two languages in the deaf child's early environment, to be directly comparable with a similar situation for hearing children exposed to two spoken languages. In the case of hearing children growing up bilingually with two languages at home, for example, there is the potential for the child's simultaneous acquisition of both languages (Arnberg 1987; de Jong 1986; Grosjean 1982; Oksaar 1990). That is to say the child may be exposed to both languages equally. Initially this will occur through the association of one person (parent) with one language and progressing later to the flexible experience and use of different languages with different interlocutors and in different contexts (Oksaar 1990). However, it is pointed out that whilst the same may be true of hearing children who acquire one sign and one spoken language or indeed of deaf children who acquire two sign languages, it is not true of the case of deaf children acquiring a sign and a spoken language (Volterra 1990, p.41).

The problem is that the two languages that may be present in the environment, the sign language and the spoken language, are not equivalent for the deaf child. The child does not have equally easy access to them and whilst sign language may be acquired naturally and spontaneously, the "spoken language must be taught and learned through a long and fatiguing process" (Volterra 1990, p.41). Consequently there will always be a temporal lag between the two languages for a deaf child, with the learning of the spoken language necessarily following upon sign language acquisition. In other words, sequential bilingualism.

However, although the deaf child will not simultaneously acquire both languages, the child will nonetheless gain some important experience of the spoken language and of their own latent bilingualism if exposed to spoken language as well (Beck et al 1995). For example, the child if given personal and social experiences of both languages, will gradually learn that there are two languages in use in their world. The child will learn to

associate different languages with different people, contexts and purposes. The child may be motivated to explore sound and speech without being forced to do so.

Such early experiences of differentiation between languages in contexts that are both immediate and personally/ socially relevant for the child are considered beneficial preparation for the child's later learning of English in its written and spoken forms (Prillwitz 1990, p.21). Furthermore, it is argued that deaf children through sign language can be introduced from very early on to the activity of reading and interest in writing. However, this socio-linguisitic introduction should not be confused with an attempt to 'teach' reading to the child in the early years:

> Of course, there are no reasons for excluding the deaf pre-school child from children's literature or from other normal ways of using written language...But reading aloud to the child - which means rendering texts in Sign Language - is something different from teaching...[It] should be done because it is entertaining, creates excitement and gratifies curiosity in the child - not because of educational purposes. By such reading, the child will...[have] an attitude towards reading as something which contains something entertaining and interesting and must be the very best foundation for further learning. (Svartholm 1994, p.66)

The issues surrounding the deaf child gaining competency in written and spoken English will now be discussed.

3.3 Second Language Learning

3.3.1 Introduction

The bilingual model gives priority to the deaf child achieving a good standard of literacy in the national language (Svartholm 1994). Learning to use the spoken language expressively (and receptively through lipreading) is a secondary, rather than primary objective (Andersson 1994; Svartholm 1993). The emphasis on literacy arises from the instrumental value of the written language to a deaf child/ adult, both socially and academically and by contrast the limited value and reliability of the spoken language for a deaf child/ adult. The

deaf child's first language - sign language - is considered the basis for second language learning. It provides cognitive support for second language learning and is the most effective means of exposure to the second language. These issues will be considered in turn.

3.3.2 Instrumental Value of Literacy/ Limited Value of Spoken Language

It is argued that the written language is of importance to the deaf individual, because it is the language of the country/ society in which s/he lives. It is through the written word that the deaf individual is able to gain access to a large quantity of information produced in a written form and also to the culture of that society (Andersson 1994, p.94).

> Of course, command of the written language is...necessary for active participation in the surrounding society. Through literature, newspapers, magazines, official documents etc. the deaf can participate in society and its cultural life and cultural traditions as manifested in the written language. (Svartholm 1993, p.303)

It is also claimed that English skills are particularly vital for a deaf children and adults because of deaf people's reliance on such technology as sub-titling (Gregory 1995). The written word also has a place in "intra group communication among the deaf" (Svartholm 1993, p.303), in the use for example of text telephones and faxes and in the writing of notes, letters or postcards to keep in touch (Andersson 1994; Gregory 1995).

By contrast, it is argued that the spoken form of the language has a severely restricted value for deaf people. Firstly, as a means of accessing information or for social purposes, lipreading is neither an accurate nor reliable medium for most severely/ profoundly deaf individuals (Andersson 1994; Svartholm 1993):

> Even deaf people fluent in the language will only be able to comprehend very simple utterances in favourable conditions (Andersson 1994, p.96)

Furthermore, lipreading is highly unreliable in a group setting where more than one person may be talking and utterances may overlap (Svartholm 1993, p.304). It is concluded that:

> It [the spoken language] is useful for communicating short and simple messages. But as soon as the content gets more advanced and complicated, reliability diminishes. However, good their lipreading abilities, the deaf person is doomed to be in a weak position as an interlocutor when speech is used. Reliable two-way communication via this medium with the same conditions for both interlocutors is never possible. (Svartholm 1993, p.304)

This is not to say that the bilingual model argues against the deaf child developing some skills in expressive and receptive forms of the spoken language. On the contrary, it is becoming increasingly common, particularly in Scandinavia to refer to a principle of "functional" ability in spoken language (Davies 1991, p.182). That is to say, speech is valued for its communicative function for deaf people living in a predominantly hearing/ speaking world. For example, a facility in speech might be useful for shopping or when travelling (Davies 1991; Gregory et al 1995).

Therefore, while speech is not excluded from the repertoire of language ability encouraged in the deaf child from the early years through the school years, it is considered more to be a useful "skill" that the deaf child may learn (Johnson et al 1989). Clearly this skill is associated with language in that it is one form of the expression of one language. However, the bilingual model does not conflate the deaf child's ability in spoken language with promoting the deaf child's competency in his/ her second language.

3.3.3 Learning the Second Language Through the First Language

The bilingual model argues that the goal of literacy for a deaf child will be best achieved through their first language - sign language. This principle is supported by drawing on evidence concerning second language learning in hearing children (Strong 1988) and sign

language as the most accessible medium of exposure to the second language (Andersson 1994).

With regard to a child's first language supporting his/ her second language learning, the work of Cummins (1984, 1986) has been highly influential. Cummins' theoretical principles, evolved to explain differential success and failure amongst minority language using children in majority language and bilingual educational settings, have been extensively applied to the case of deaf children in the UK, America and Canada (Mayer and Wells 1995). In particular, the Linguistic Interdependence Model (Cummins 1984) has been used to illustrate deaf children's potential to achieve a better standard of English literacy than has previously been the case (Drasgow 1993; Kyle 1994; Hicks McDonald 1994; Stewart 1993; Strong 1988; Uyechi 1992).

Cummins' Linguistic Interdependence Model maintains that a child's ability in L2 and their ability in L1 are not separate entities, but rather are linked by what is termed "Common Underlying proficiency" (CUP). Namely, both languages operate through a single central cognitive processing system (Baker 1993, p.134). Although there may be different surface features, for example pronunciation, grammar, lexicon, each language is managed by a "central operating system" (Baker 1993). This notion of CUP has three important consequences.

Firstly, CUP predicts that ability in L1 can transfer to L2, thus facilitating its learning. This transfer of ability is understood in terms of transfer of cognitive ability necessary for the organisation and processing of language. It is also understood in terms of the transfer of conceptual and experiential knowledge across languages (Strong 1988). For example,

> An immigrant child who arrives in north America at, for example, age 15, understanding the concept of 'honesty' in his or her L1 only has to acquire a new label in L2 for an already-existing concept. A child on the other hand who does not understand the meaning of this term in his or her L1 has a very different, and more difficult, task to acquire the concept in L2. (Cummins 1984, p.144)

Secondly, the notion of linguistic interdependence predicts that experience with either of the two languages can promote development of the proficiency applicable to both languages and also enhance more general cognitive abilities (Baker 1993; Cummins 1986).

> Irrespective of the language in which a person is operating, the thoughts that accompany talking, reading, writing, listening come from the same central engine. When a person owns two or more languages, there is one integrated source of thought...Speaking, listening, reading or writing in the first or second language helps the whole cognitive system to develop. (Baker 1993, p.135)

Thirdly, however, there is an important caveat to these two positive predictions. Namely, for there to be a Common Underlying Proficiency to transfer there must be a firmly established first language. Where this is not the case and the child has a low level of linguistic competence in his/ her first language, then Common Underlying Proficiency is not applicable in the same way. If such children are then educated in a second language, without having CUP to draw on, it is found that both their cognitive functioning and academic performance are negatively, not positively affected (Baker 1993, p.135; Cummins 1984).

This Linguistic Interdependence Model and these three consequences, have been considered highly relevant with regard to deaf children and the bilingual model. They predict that if a deaf child has a fully acquired first language, his/ her learning of a second is likely to be successful. Thus, if BSL is acquired first as a natural language for deaf children, it will not adversely affect the child's attainment of English, but quite the contrary, will support it and support the child's general cognitive development. This was a conclusion reached also by Conrad (1979) following his extensive study of deaf school leavers:

> Sign language can provide an easily learned mother-tongue, which may serve not only a communicative function but, much more important, it may preserve and develop the crucial organization for language upon which second-language learning must be based. (Conrad 1979, p.284)

Sign language, as well as cognitively supporting the learning of a second language, is also considered the best means through which the child will come to understand the function, forms and semantic content of the written word. It is argued that neither the spoken language, nor a manually coded version of that language is an adequate means for teaching the child the written language. Neither speech nor MCE can provide enough linguistic and semantic information for the child to make full sense of the written language (Andersson 1994; Davies 1994; Johnson et al 1989; Svartholm 1994). By contrast, through its exposition initially in the child's natural language, s/he will be able to make sense of the content of the written word and use sign language to explore and gain explanation of the structure of the written language. In effect the child has his/ her own language against which to compare and contrast the second and in which to discuss the second language (Svartholm 1994, p.69).

There is now considerable interest in both research and practice into developing teaching models, curricula and materials to facilitate deaf children's reading and writing of English through their knowledge and use of sign language (Andersson 1994; Davies 1994; Gregory 1995; Mayer and Wells 1995; Uyechi 1992).

3.4 A Bilingual Model and Educational Attainment

Finally, a case for sign language as first language and written/ spoken language as second language, is also made with regard to improvement in deaf children's educational attainment. Drawing once more on the work of Cummins from spoken language bilingual situations, the concepts of BICS (Basic Interpersonal Communication Skills) and CALP (Cognitive Academic Language Proficiency) have been applied to the case of deaf children, in helping to explain some of their difficulties in educational attainment (Strong 1988; Uyechi 1992).

BICS and CALP represent a distinction Cummins makes in how one should assess a child's language skills, particularly if the child has exposure to more than one language

and uses more than one language, as in the case of deaf children (Sec 1.2.2). BICS essentially refers to a "surface fluency" (Baker 1993, p.38). That is to say the child can make him/ herself understood and understand, but primarily in situations where communication is context embedded and cognitively undemanding (Cummins 1984). 'Context embedded' implies that expressive and receptive communication is, to a large degree, supported by the visual reality of the immediate context of communication and by extra linguistic supports such as body language. 'Cognitively undemanding' implies that the content of the communication and the cognitive operations required to make sense of it are simple to realise.

Cognitive Academic Language Proficiency (CALP) on the other hand, refers to a more extensive language ability. This concept is easiest thought of as a resultant skill attained by reaching a certain threshold of language proficiency in one's first language. What exactly that threshold is and how it should be measured, is not clear and this has left the concept open to some criticism (c.f. Baker 1993, Ch10, for review). However, it is a threshold high enough to allow the child to be able to use his/her first language "as an instrument of thought and to represent cognitive operations by means of language" (Cummins 1986, cited Baker 1993, p.39).

It is thus argued that CALP is required to deal successfully with the demands of the classroom (Cummins 1984). Namely, the academic environment requires the ability to understand and manipulate language in highly decontextualised situations, that is to say in contexts where language is not immediately related to the surrounding or familiar environment of the child (Bernstein 1970; Cummins 1984). The tasks and subjects dealt with are also cognitively demanding.

This distinction between BICS and CALP has been highly influential in understanding the relative academic success of deaf children of deaf parents in comparison with deaf children of hearing parents. It is argued that while the DCDP has a first language sufficiently developed to facilitate CALP, even though the medium of instruction may be in a language other than their first language, the DCHP is in a poorer position because s/he has

not reached the necessary threshold in any language to enable CALP (Strong 1988). In effect DCHP who have neither successfully acquired English nor sign language on entry to school, only possess BICS.

As Cummins remarks, writing of hearing children who do not have an established first language from their home and who then enter an educational system which is using a different language for their instruction:

> ...if bilingual children attain only a very low level of proficiency in one or both of their languages, their long-term interaction with their academic environment through their languages, both in terms of input and output, is likely to be impoverished. (Cummins 1984, p.107)

The application of the theoretical distinction between BICS and CALP has been used to support the argument for the promotion of sign language as first language and English as second. In effect English as the target first language is deemed able to deliver BICS (a communicative proficiency), but not CALP which is required for the deaf child's academic success (Uyechi 1992). Sign Language, on the other hand, because it offers the deaf child the possibility of a full first language acquisition, does also offer the possibility of CALP.

There is now considerable interest in the development of classroom learning strategies and subject curricula and content that will allow for the child's learning to be pursued in sign language as well as the written language (Drasgow 1993; Kyle 1994; Strong 1988; Stewart 1993; Svartholm 1994).

3.5 Conclusion

Thus far, the principles of the bilingual/ bicultural model have been discussed with regard to bilingualism in the deaf context. In this respect key principles have recurred concerning: the realisation of a deaf child's natural potential through the acquisition of a natural language as first language; the importance of the deaf child's access to written English as a

second language; speech as a functional skill; the promotion of the deaf child's ability in both languages at a high level of competence and flexibility; and the advantages for learning in educational settings that follow from a bilingual approach in which sign language is firmly established as the child's first language.

These principles, however, and the research into language and development from which they are derived, reflect, only half of the new conceptual framework of the bilingual model. The rest is derived from the socio-cultural arguments that accompany the model. It is these that will now be considered in Chapter 4.

CHAPTER FOUR: PRINCIPLES OF THE BILINGUAL/ BICULTURAL MODEL (PART TWO).

In setting out the principles of a bilingual/ bicultural model, the previous Chapter has concentrated on bilingualism in the deaf context. This Chapter will consider biculturalism as specifically applied to the deaf context and as used by deaf people themselves. In order to do so, however, this Chapter will first focus on 'culture' as a concept associated with deafness and in particular its relationship with sign language. It will then progress to a discussion of what it would mean to be bicultural, particularly with regard to deaf children and hearing families.

4.1 Introduction

It has become common, particularly in the USA for bilingual programmes, whether of early intervention or of school age education, to be referred to as 'Bi Bi', a shortening for bilingual and bicultural (Stewart 1993). However, with reference to bilingual programmes within spoken languages, it has been remarked that the designation bicultural tends to get added on more or less automatically in "slogan-like bilingual/ bicultural education programs" (Paulston 1992, p.116). This addition of bicultural often occurs even where there is not any clear indication of what bicultural actually means, nor any specification of why it should be connected with the bilingual in the specific instance of the given programme (Paulston 1992). After all, it is perfectly possible, and indeed quite common, to be bilingual without being bicultural, that is to say to learn another language, even to a high standard of fluency, but to have very little to do with its native speakers nor the society which uses it (Riley 1994).

However, in the case of deaf children and the new bilingual model, there is an insistence on the inseparability of the bilingual and the bicultural, almost to the point where they become synonymous in the literature (Drasgow 1993; Stewart 1992; Stuckless 1991).

This fundamental association of the bilingual with the bicultural arises because of the powerful socio-cultural significance of sign language.

Namely, sign language is pivotal in deaf people challenging their ascribed social status as disabled people and the definition of deafness as a disability. Furthermore, it is central to an alternative paradigm which casts deaf people as a minority culture with a distinct cultural identity (Ladd 1988; Lane 1992; Padden and Humphries 1988):

> The term 'deaf' is used in the sense of the individual's perception of him/ herself as having and sharing that characteristic with others, with a shared language, culture and heritage. The definition is a socio-linguistic, rather than a medical one, focussing on the positive features of deafness rather than the negative features of hearing loss. (Pickersgill 1993, unpaginated lecture notes)

Therefore, in arguing for a bilingual model in which sign language is the child's first language, one is also potentially arguing for the socio-linguistic values associated with it. This includes, an understanding of the deaf child not as disabled, but as possessing a distinct cultural identity. Furthermore, if this perspective is accepted, it has radical consequences for assessing deaf children's potential and addressing their socio-linguistic, developmental and educational needs.

For example, with regard to early intervention, the notions of attenuation of and compensation for the handicap (Sec 1.1) are seriously challenged if the child is identified as culturally different, rather than as disabled. It has been remarked:

> ...intervention is only necessary if some negative or pathological process is occurring that needs to be eliminated or terminated. If ordinary language acquisition is permitted to occur, there should be no need for 'intervention'. From this perspective, however, there may in fact be a need to intervene with respect to the emotional needs of the parents and family members in adapting to the deafness of their children. (Johnson, Liddel and Erting 1989, p.18)

With regard to school aged educational provision, it has been similarly remarked that:

> [The bilingual/ bicultural model] brings with it a certain view of deaf people. Here they are not looked upon, as in other educational models, as defective human beings. Instead, they are seen as belonging to a minority group with its own conditions and requirements. As a whole this group does not need remedial teaching. Instead they need an educational system, and teaching, in which their special linguistic situation is taken into consideration... (Svartholm 1993, p.328)

In what follows, therefore, the social redefinition of deafness away from disability and the arguments surrounding a definition of *Deaf culture* will be considered in detail. The primary significance of sign language in this cultural paradigm will be explored. Finally, the relevance of these arguments to the biculturalism of deaf children in hearing families will be considered.

4.2 Disability As a Social Phenomenon

4.2.1 Introduction

It is now largely accepted that disability cannot be defined solely in terms of its medical/ pathological aspects, but that it also has social aspects. Indeed the social dimension has become the crux of its definition in its differentiation from the impairment itself. The WHO (Wood 1981) classification neatly sets out:

> impairment as abnormality in function, disability as not being able to perform an activity considered normal for a human and handicap as the inability to perform a normal social role (cited Oliver 1990, p.4).

Such classifications are important in that they draw attention to the fact that the individual's disability is located in the interaction between the features of the impairment itself and the characteristics of the environment in which s/he lives (Finkelstein 1980).

The social aspects of deafness as a disability in this sense have been acknowledged (Levine 1981), particularly in the psychological literature concerning deaf children:

> ...deafness can be defined according to two different parameters: medical and social. This distinction is consistent with the distinction between deficiency and handicap...The first refers to the physical absence of hearing. Deficiency can only be reduced with the more sophisticated technological supports. Handicap refers to all the social roles and places from which an individual is excluded because of his or her deficiency. (Manfredi 1993, p.54)

Indeed some of the strongest support for the goal of speech for deaf children and the primacy of English language, has revolved around an assumption that deaf children will be profoundly handicapped if they do not grasp these skills, given that society demands them in order for the individual to function and gain socio-economic reward (Johnson and Erting 1989; Stewart 1992).

However, deaf people in claiming a socio-cultural dimension to deafness are claiming something considerably different from this interpretation of the social dimension of disability in general and deafness in particular.

Highly relevant to the deaf view, are two basic criticisms that have been made of the social dimensional classification of disability, as contained in the WHO (Wood, 1981) document and other similar ones in use in the UK today (Harris 1971). Firstly, those classifications retain an implicit notion of what is 'normal', thus disability is primarily described in reference to deviation from the normal. Secondly, while they acknowledge that there are social dimensions to disability, they do not admit the possibility of disability itself arising from social causes (Finkelstein 1990; Oliver 1990, p.7; UPIAS 1976). These issues of defining the normal and the social origins of disability are central to deaf people's cultural claims and to the significance of sign language as first language.

4.2.2 Challenging The 'Normal'

Deaf people challenge the standard of the normal in relation to their ascribed status as disabled, not just in terms of what is normal, but more profoundly, in terms of how normal is to be defined.

It is claimed that within the "hearing stereotype" (Lane 1992), deafness is considered to be a deficit (Brien 1981), because quite simply deaf people do not have the use of one of the human senses. This lack and the deleterious communicative and social consequences that are presumed to follow from it, render deaf people deviant, in that they are not like hearing people (Baker and Cokely 1980). Deaf people are assigned characteristic traits such as "isolated", "paranoid", "personality underdeveloped" which are regarded as commonly occurring because of the experience deaf people undergo in not being able to hear (Lane 1992).

> The attitude...is generally that there is something wrong with deaf people and that hearing society should help them become 'as normal as possible' (Baker and Cokely 1980, p.54)

However, implicit in this argument about deafness as deviance, is a notion of the 'normal' as the most frequently recurring or the most usually recurring. Thus, when a child is born, the normative expectation is that the child will be hearing because most children are. If the child is not, then the child is a deviation from the normal. It is claimed that medical, social and educational services that are also based on this kind of notion of normal, reinforce the deficit view of deafness and deaf people (Lane 1992). Similar claims have also been made with regard to children and adults with other disabilities (Cummins 1984; Oliver 1990).

Deaf people, on the other hand, propose a very different perspective from which to view themselves and deafness. Firstly, it is not based on what they lack, but rather on what is present instead, or what is gained. Secondly, it is not based on normative comparisons with the majority hearing population, but rather on what is shared, what is the same, what is collective:

> 'deaf' to Deaf people means 'like us', 'deaf' to hearing people means 'not like us' (Padden and Humphries 1988, p.17)

This view of deafness has been interpreted in terms of deaf people simply making the best of their circumstances in a sort of coping camaraderie (Padden, Humphries 1988),

by concentrating on what they can do and share with each other instead of concentrating on what they cannot do. It has been interpreted by some educationalists as an attempt by deaf people to ignore the reality of their impairment through a kind of intellectual sleight of hand:

> ...the usual American response to inequality is to rename it, in the hopes that it will go away. We want to create a sort of linguistic Lourdes, where evil and misfortune are dispelled by a dip in the waters of euphemism. (TIME, Feb.3, 1992, p.45, cited Stewart 1992, p.135)

However, in presenting this perspective on deafness, deaf people are not simply tinkering with the presentation of themselves in the world (Goffman 1959), nor claiming that they do not have a physical/ sensory impairment de facto. Rather, the account they are offering of themselves is based on a different conception of how to define the normal - one that depends upon a cultural concept of what is normal.

Within such a conceptual framework, normal is a relative, not an absolute concept (Brien 1981). It refers to standards, values, beliefs, behaviours and so forth, that are set from within the society or cultural group itself (Levi-Strauss 1967). In this sense, normal is simply a statement of how things are:

> ...concern is with those ideas and ways of behaving which a given community takes for granted as the 'natural' order of things... These deeply ingrained socially appropriate patterns of thought and behaviour we call 'norms', since they are endowed with normative force and moral value by their adherents. (Lewis 1976, p.21)

The Deaf community[1] claims that such a cultural framework is the most appropriate in which to understand deaf people and by implication the needs of deaf children. However, the question remains whether there is any evidence to support deaf people's claim to cultural status and their charge that the hearing deficit model is an ethnocentric misrepresentation (Freeman et al 1981).

[1] The Deaf community will be discussed, Sec 4.4.5.

4.3 Deaf Culture

4.3.1 Introduction

The definition of what is meant by culture in general or any culture in particular, is notoriously difficult (Geertz 1973). However, broadly speaking there are two ways of tackling it. The first is to use a taxonomic model of culture, the second is to invoke a process model of culture - both have been applied to the discussion of Deaf culture (Johnson and Erting 1989).

The taxonomic model, also referred to as the ideational model (Keesing 1974), the labelling model (Appel and Muysken 1988) and more pejoratively the "Bingo Model" (Turner 1994), is concerned with the identification of specific characteristics that distinguish the members of any particular culture from members of another (Grosjean 1982; Grosjean 1992). These distinguishing features are found across several domains, summarised by Keesing (1974) as the cognitive system, the structural system and the symbolic system of the group and its members.

It is an approach that embraces both objectivist and subjectivist features, where the objectivist may imply such things as distinctive language and folk tales, for example, and subjectivist the "shared-us feeling" of members of the cultural group (Ross 1979). This approach to the definition of Deaf culture is very common (Brien 1981; Kyle 1990; Ladd 1988), and:

> [Culture is] a set of learned behaviours of a group of people who have their own language, values, rules for behaviour, and traditions... Members of the Deaf culture behave as Deaf people do, use the language of Deaf people, and share the beliefs of Deaf people toward themselves and those who are not Deaf. (Padden 1989, cited Turner 1994, p.105)

The second model of culture, the process model, is orientated less towards a specification of the elemental characteristics of any particular culture and more towards an

understanding of their evolution and what it is that maintains and/ or changes them (Johnson and Erting 1989). As such, it tends to be interested in the boundaries and contact between cultures (Johnson and Erting 1989) and how identity is formed through the differentiation of one culture from another (Appel and Muysken 1988; Brien 1981). It is concerned with the interactions between members and non members. This model is of particular relevance to the relationship between minority and majority cultures and the adaptations the former may have to make as a result of the social and economic forces of the latter (Grosjean 1982; Hassanpour 1992). It is a model of culture that has been referred to as:

> ...culture as an adaptive system which serves to relate human communities to their ecological settings and cultural change primarily as a process of adaptation and what amounts to natural selection. (Keesing 1974)

The application of this model to Deaf culture, raises questions about the extent to which the taxonomic features in more common descriptions of the culture, are a product of adaptations deaf people have had to make, by force, choice or attrition, in living within the majority hearing culture. It is a model of culture that is important in the debate over Deaf culture because, in focussing on the deaf/ hearing interaction it explicitly takes into consideration issues around the social cause of disability, with reference to deaf people.

Although not mutually exclusive, in what follows, Deaf culture within a taxonomic model will be detailed first. The process/ adaptive model discussion will then be pursued in relation to the social causes of deafness as a disability debate. In this way an understanding of how Deaf culture has been defined will be built up. This understanding will be necessary to the later discussion concerning the biculturalism of deaf children (Sec 4.6).

4.4 Taxonomic Model of Deaf Culture

4.4.1 Sign Language

Within a taxonomy of Deaf culture, the foremost defining feature is sign language (Buter et al 1990; Higgins 1980; Padden, Humphries 1988). Firstly, because it is a language used by a distinctive group of people. While the existence of a distinct language does not necessarily presuppose the existence of a distinct culture in any straightforward way - it is possible for more than one culture to share the same language, for example (Appel and Muysken 1988) - the definition of a language and the definition of a culture are nonetheless closely interwoven (Byram 1994; Riley 1994; Woll 1994):

> The cultural norms and values of a group are transmitted by its language. Group feelings are emphasised by using the group's own language and members of the outgroup are excluded from its internal transactions. (Appel and Muysken 1988, p.11)

The widespread existence and use of sign language is now very strongly reinforced through research in linguistics (Sec 3.1), the tracing of its historical use (Dimmock 1993; Jackson 1990; Lane 1984), its contemporary incidence (BDA 1991; Buter, Emmerick, van Gelder, Hendricks and Scheffener 1990; Kyle and Allsop 1982; Schein and Delk 1974) and its public exposure in the media. This work has contributed to the campaign, in the UK, for the recognition of BSL as a minority language (BDA 1991) and its users as a minority language using group, rather than a disabled group (Ladd 1988). However, although the status of sign language is now recognised at European level, this status remains to be ratified at national level in the UK (BDA 1991) and in other European counties (Coerts and Mills 1990).

Secondly, sign language contributes to the definition of a Deaf culture through its particular use and meaning amongst deaf people:

> ...the most outstanding, visible and salient feature of the deaf community is its language. (Meadow 1980, p.155)

In this respect, there has been some discussion of its symbolic value for deaf people. It has famously been described as the key characteristic of Deaf culture that is not shared with hearing culture:

> It is important to understand that American Sign Language is the only thing that we have that belongs to Deaf people completely. It is the only thing that has grown out of the Deaf group. Maybe we are afraid to share our language with hearing people. Maybe our group identity will disappear once hearing people know American Sign Language... (Kannapell 1977, cited Baker and Cokely 1980, p.59)

Therefore, it is argued that its use, or rather the "language choice" (Baker and Cokely 1980) deaf people may make to use it, becomes a powerful symbol of their allegiance to the values of Deaf culture (Johnson and Erting 1989). It is suggested that the symbolic significance of such language choice is strengthened by the negative appraisal of sign language by hearing society and, therefore, it represents not just allegiance to one set of values but defiance in the face of another:

> The stigma attached to sign language by hearing parents and by teachers of deaf children may be one reason for its highly positive symbolic meaning for members of the deaf adult community. More than any other single feature, the use of sign language signifies membership in the deaf community. (Meadow 1980, p.165)

[This is an issue addressed in greater depth in Section 4.5 concerning the social causes of disability and the process model of culture]

Thirdly, as has already been mentioned and overlapping with its symbolic function, is the function of sign language as a "unifying force" (Henderson and Hendershott 1991; Johnson and Erting 1989). Deaf people consistently report that they are more relaxed and communication is easier when they are using sign language with each other (Higgins 1980; Kyle and Allsop 1982). This is a powerful impetus to the generation of organisations for social purposes and special interest groups (Freeman, Carbin and Boese 1981; Meadow 1980). More existentially, it is not uncommon for deaf people to claim deep affinity and a sense of belonging amongst other sign language users, that they do not find elsewhere:

> Most of my friends are deaf. I feel more comfortable with them. Well, *we have the same feelings*. We are more comfortable with each other... (Higgins 1980, p.42, emphasis mine)

Closely related to the use of sign language, its meaning for deaf people and its unifying power, is the existence of the Deaf community in which it is used, or more abstractly, the importance of the collective and that which is held in common (Brien 1981) within a taxonomy of Deaf culture.

4.4.2 The Significance of the Collective

It has been pointed out that the dominant view of disability, within a capitalist society at least (Finkelstein 1980, 1990), focuses on the individual, in that a person's disability is seen as setting him/ her apart from society (Oliver 1990). Disability is described as afflicting the individual as a personal tragedy and it is the individual who will cope with it (Oliver 1990; Wright 1960). As already noted (Sec 2.2) this is a view shared by many parents and implicit in models of family adjustment. However, in claiming that which is shared, that which is alike and ultimately the existence of a separate community, as taxonomic features of Deaf culture, this individualised definition at the heart of disability, is also challenged:

> For Tony, being deaf meant being set apart from his family and friends: he was 'deaf' and had had an 'illness'. In contrast, Sam, the Deaf child of Deaf parents, thought of his 'Deaf' not as a consequence of some event, but simply as a given. For Sam, 'Deaf' was not a term used to refer to him personally, but was just a normal way of describing himself and everyone he knew. (Padden and Humphries 1988, p.20)

In tracing that which is held in common (Brien 1981) among deaf people, there are a number of areas that recur in the literature on Deaf culture: sign language; deaf organisations (as already discussed); characteristic behaviours/ manners/ social customs; shared life experiences; and finally membership of the Deaf community itself as related to these other areas. These will be considered in turn.

4.4.3 Behaviours/ manners/ social customs

Taking a largely ethnographic perspective, a number of writers, have sought to document the frequently recurring social behaviours, customs and rules of engagement found amongst deaf people. Commonly cited are the conventions associated with communication including rules governing turn taking, eye contact (Swisher 1986), attention getting and keeping (Padden and Humphries 1988), interrupting, where to sit/ stand to have a conversation and so on (Mc Intire and Goode 1982), which are very different from those governing spoken conversation amongst hearing people (Lane 1992; Swisher 1986). Allied to these are conventions about what is rude and what is polite in a social group which may seem just the opposite to hearing people.

Another common category of examples derive from the customs and habits associated with deaf people's social life. Particular conventions of time keeping, marriage ceremonies (Kyle 1990), communal games, parties and so forth have been recorded as examples:

> Notable scenes in deaf culture include the standing joke of the club committee trying to push people out at closing time, and crowds standing around in the street signing for a good half hour afterwards. Or of people of all ages staying up half the night together, telling jokes and stories (a major part of deaf culture), signing songs or poems or playing sign language based games. (Ladd 1988, p.35)

The centrality of story telling to Deaf culture is also being increasingly claimed (Padden and Humphries 1988). Its importance is closely linked to the visual nature of sign language. In being an unwritten medium, group story telling takes on added significance as a social activity, in the passing down of history and custom and in the preservation and passing on of the language itself.

No attempt is being made in this thesis to provide an exhaustive account of the categories of behaviours and customs that have been cited as elemental to a definition of Deaf culture. However, there are an increasing number of studies by deaf people themselves

and by some hearing people, which support an argument for the existence of Deaf culture being made on the grounds of characteristic behaviours/ manners/ social customs, in a similar way to how it has been made in studies of other cultures:

> In Geertz's terms, the special condition of human beings is that their behaviours are guided by, indeed are dependent on, the presence of significant arrangements of symbols, which he calls 'culture'. The human capacity for culture appears over an astonishing range of specific symbol systems or 'cultures'. Each culture prescribes 'a set of control mechanisms - plans, recipes, rules, instructions...for the governing of behaviour' (1973, p.44). (cited, Padden and Humphries 1988, p.24)

However, critics of this kind of definition of Deaf culture have argued that the identification of characteristic behaviours/ manners/ customs is, of itself, not necessarily enough to support the claim that they are 'cultural' (Stewart 1992). It is suggested that just because something happens and it happens *communally does not imply that it is a cultural* phenomenon. For example, rules of communication could be described instead as pragmatic adaptations to the fact that deaf people using sign language communicate in a visual not an auditory manner and so it makes sense to stand in a circle to communicate, or to flash lights to get attention instead of shouting. Similarly, it has been argued that deaf people seeking a social life together and certain habits developing from this, can be explained more simply as them fulfilling a common need to compensate for their deafness (Lawson 1981; Stewart 1992) and are coping by demonstrating "powerful and spontaneous techniques for survival" (Harris 1978), rather than such meeting together necessarily being classified as cultural. The following is a typical example of this criticism:

> Historically, deaf people have gained a more positive sense of personal identity, developed stronger feelings of self-esteem and self confidence, and derived greater social satisfaction from congregating with one another in social activities, for civic and recreational purposes, in religious worship, and for many other purposes such as group advocacy. In the process, they did so with no need of the panache of the umbrella of 'Deaf culture'. (Stewart 1992 p.130)

Such criticisms only make sense if the behaviours/ manners/ customs are thought of as adaptations or adjustments to deaf people's inability to hear. However, that is not how

they are being presented from deaf people's own perspective. Rather, it is argued that their adoption is a choice, after all there are plenty of people who are deaf who would not espouse them, nor for that matter make a choice to use sign language. Thus, the behaviours and language themselves carry an additional symbolic significance.

Drawing on the work of Fishman (1977), it is suggested that it is their adoption and use by people who are deaf that is of primary significance, not just the specifics of the behaviours themselves, because in so doing deaf people indicate an allegiance to, and alignment with, the values, attitudes and norms of a defined group (Johnson and Erting 1989). This has been termed "Patrimony":

> The legacy of collectivity - defining behaviour and views... (Fishman 1977, cited Appel and Muysken 1988, p.12)

In other words it is not just that certain behaviours and customs exist, but that they are part of a self conscious construction of communal identity or 'in group-ness' (Ross 1979), that renders them cultural (Meadow 1980). This issue will be returned to in considering what is the Deaf community (Sec 4.4.5).

4.4.4 Shared Experiences

Shared experiences are important in a definition of the collective dimension to a taxonomy of Deaf culture, not simply because of the fact that there were /are experiences held in common by many deaf people, but also because of the resultant feelings these experiences have engendered/ continue to engender.

One category of shared experiences commonly cited are those associated with school (Baker and Cokely 1980; Higgins 1980; Meadow 1980; Padden and Humphries 1988). Firstly, because until recently, it was a common experience for deaf children to be sent to residential schools (Kyle and Allsop 1982) and at a very young age (Baker and Cokely 1980; Padden and Humphries 1988). There are shared experiences from that

situation on many levels, particularly those associated with being away from one's family when young and not necessarily understanding why - a common experience of deaf children from hearing families where communication may not have been sufficient to allow for explanations; and those associated with the regime of the schools themselves, including crucially their attitude to sign language in and out of the classroom. The dormitories of residential schools have played an important role in exposing deaf children, particularly from hearing families, to sign language and to the customs of the Deaf community. These experiences are increasingly being documented (Padden and Humphries 1988).

However, once again, their significance lies in their unifying power, in building strong bonds of allegiance and comradeship which perpetuate long after school days themselves are over and act as a driving force in deaf people continuing to seek each other's company in the formation of organisations and interest groups, in the social life of the Deaf community itself and in a feeling of profound empathy and identification with each other.

A second category of shared experience often referred to is that more loosely associated with the daily life of living in a world that is primarily organised for people who can hear and speak. This has been summarised as, "everyday problems of navigating in a hearing world" (Higgins 1980). Many of these "problems" become themselves the stuff of characteristic humour among deaf people (Hanafin, Benson, Draper and Reed 1993). It is a humour based around differences between the deaf and the hearing, but not difference in the negative sense of lack or deficit, that hearing people more commonly associate with deaf people, but rather difference in the positive sense of having a different perspective that is equally valid, though rarely appreciated or accommodated. This perspective is usually described by deaf people as an essentially visual experience of the world, that is to say deaf people depend upon vision for both their knowledge and interaction with the world (Johnson and Erting 1989).

The interlocking significance of sign language, behaviours /manners/ customs and shared experience are important in defining the existence and parameters of the Deaf

community, which in itself is cited as a final taxonomic feature in making a case for whether there is a Deaf culture or not (Brien 1981).

4.4.5 The Deaf Community

Central to any discussion on the Deaf community and its place in defining Deaf culture, is the issue of membership - who is a member of the Deaf community and how membership is gained (Baker and Cokely 1980; Higgins 1980; Padden and Humphries 1988). Although the vast majority of members will be deaf, in the audiological sense (Kyle and Woll 1985), deafness in this sense is not the most significant feature of membership. Although there is some argument about whether it is a necessary condition (Kyle and Woll 1985), it is clearly not a sufficient condition. Rather, it is the concept of "attitudinal deafness" (Baker and Cokely 1980; Johnson and Erting 1989; Lawson 1981; Schermer 1990) that is used to explain membership.

Attitudinal deafness refers firstly to an acceptance, identification with, practice and perpetuation of values, beliefs, attitudes and behaviours such as those described thus far as taxonomic features. The most fundamental of these, is the language choice for sign language (Lawson 1981). Secondly, attitudinal deafness refers to a person's conscious identification with the Deaf community and his/ her participation in the social and political activities of that community (Baker and Cokely 1980). In other words, one cannot be attitudinally deaf, as if it were an abstract creed, separate from an active participation in the life of the community. Furthermore, active participation in the community is needed for a definition of being attitudinally deaf, because it is required that other members must accept and identify the person as attitudinally deaf for them to be so:

> ...attitudinal deafness...This occurs when a person identifies themselves as a member of the deaf community and other members accept this person as a part of the community (Baker and Cokely1980, p.55)

> ...attitudinal deafness (self identification as a member of the deaf community and identification by others as a member) appears to be the most basic factor in determining membership of the deaf community. Attitudinal deafness is associated with appropriate language use. (Lawson 1981, p.169)

In other words, membership of the Deaf community is not an ascribed status (because a person is audiologically deaf) but rather an achieved one, based upon distinct criteria that do not relate primarily to the audiological condition:

> Deafness does not make its members part of a natural community (Furth 1973, p.2) membership in a deaf community must be achieved; it is not an ascribed status (Marcowicz, Woodward 1978). Membership of a deaf community is achieved through (1) identification with the deaf world; (2) shared experiences that come of being hearing impaired, and (3) participation in the community's activities. (Higgins 1980, p.38)

This is an important distinction for two reasons with regard to the existence of the Deaf community. Firstly, it establishes strong boundaries around group membership which is essential in any definition of separate cultural identity (Lewis 1976). Secondly, this criteria for membership introduces a new meaning of 'deaf', indicated now conventionally by the differentiation of lower and upper case d/D (Woodward 1972). The lower case is used when the audiological condition is being referred to or when indicating people who are deaf but not in the community. The upper case is used when indicating attitudinal deafness and membership of the community[2]:

> ...the meanings of DEAF and 'deaf' are at the very least, not the same. DEAF is a means of identifying the group and one's connection to it, and 'deaf' is a means of commenting on one's inability to speak and hear. (Padden and Humphries 1988, p.39)

[2] In this thesis the use of upper case D is reserved specifically for 'Deaf community' and 'Deaf culture'. It is considered that it is not always possible to attribute the cultural meaning implied by upper case 'D' to references to deaf people and their point of view. In order to avoid largely arbitrary judgements on the part of the author as to when it may or may not be applied, it is not routinely used in other instances. c.f. also Chapter 7, footnote 1.

'Deaf' thus sheds its meaning as a medical/ pathological designation as an impairment and deviation from the hearing norm. It becomes instead a term of cultural identity that is positively connoted.

Arguments in support of the existence of a Deaf culture considered thus far, have been made using a taxonomic model of culture. However, as previously stated, arguments based on a process model have also been used. These and the centrality of sign language to them, will now be discussed.

4.5 The Social Cause of Disability and the Process Model of Culture

4.5.1 Introduction

As discussed earlier, simple acknowledgement of the social dimension to disability in general and deafness in particular, fails to take into account questions concerned with the social cause of disability. In other words, why society chooses to treat a person with any particular impairment in the way it does (Oliver 1990). It has been argued, that the social, educational and welfare policies directed towards disabled people in any given society are not arbitrary, but reflect specific attitudes and values of that society (Hanks and Hanks 1980). Furthermore, social anthropological studies have demonstrated that there is no necessary connection between the existence of a particular impairment in a person and that person being designated by their social group as disabled. For example:

> ...a study of Navajo Indians (Rubin et al 1965) found a high incidence of limping within the population, due to congenital hip disease. But because the Navajo did not believe the condition was either stigmatising or disabling, they rejected all offers of modern medical treatment. (cited Oliver 1990, p.20)

These issues are highly relevant to deaf people's claim to cultural status because, it is argued, that their designation as 'disabled' results from a choice that hearing society makes to treat them that way, not because they cannot hear per se. Specifically, this choice concerns the value that is placed on being able to speak and use the majority language and

the lack of value, or denial of sign language and its importance to deaf people's everyday lives.

It is pointed out that there are in the present, or have been in the past, societies in which values were not arranged in this way and in which deaf people were not considered disabled, but rather, accepted as people with a different language and lifestyle. For example, Martha's Vineyard (Groce 1985), where because of the presence of a dominant deafness gene and inter-marriage, there was a very high proportion of deaf people in the society. Through sheer weight of numbers, this society functioned bilingually, with hearing people growing up using sign language as well as deaf people.

Thus, a key issue for deaf people today in denying their status as a disabled group and asserting their identity as a minority language using cultural group, is the realignment of the argument away from deaf people not being able to hear as such, and towards society's attitude to people *who cannot hear and society's attitude towards sign language:*

> The deaf community can now be identified as a linguistic minority, rather than as individual handicapped people whose problem is the inability to hear sounds, and who are themselves a problem. This has made the issue a question of discrimination against a language-using group, and society's attitude to them has become the problem. (Ladd 1988, p.41)

In macro terms, this issue is now being vigorously pursued on a political stage in a fight for deaf people's empowerment, enfranchisement and self-determination (Stuckless 1991). However, it is not just at this socio-political level that it is of significance in delineating a Deaf culture. In micro terms, society's attitude to sign language has been and continues to be a significant part of the everyday reality of deaf people's lives. It is in this sense, that arguments concerning the social cause of disability and arguments based on a process model of culture meet.

As previously discussed, a process model of culture is concerned with the extent to which cultures define themselves through differentiation from others and the processes of interaction between themselves and members of another culture:

> ....the patrimony in an ethnic group must include attitudes and rules for behaviour developed from both an internal perspective, relating to notions of the group as an atomic entity, and an external perspective, relating to notions of the group in the context of other groups. (Johnson and Erting 1989, p.46)

In this sense, there is interest with regard to deaf people, about the extent to which the characteristics of their Deaf culture have been engendered and maintained or changed as a result of their interaction with social, and particularly educational, structures that have disallowed sign language:

> ...we arrive at the problem Deaf people have of developing an independent understanding of themselves. Given that they live within the world of others, is a science about Deaf people a science of themselves or one given to them by others? (Padden and Humphries 1988, p.57)

The status of sign language, hearing society's attitude towards it and the relation of these to defining Deaf culture will now be addressed.

4.5.2 The Status of Sign Language and Deaf Culture

As the Deaf community itself proclaims, sign language is a minority language, however, the designation 'minority' is not just about numbers, but also about the status of a language and the value in which it is held by others (Hassanpour 1992). Consequently, action taken by majority language using society toward minority language using groups is not equivocal. It can range from non recognition, recognition but neglect, oppression, to replacement (Grosjean 1982). It has been suggested that benign neglect may in fact be one of the more enlightened policies of a majority society toward a minority language using group because:

> If a minority group wished to preserve its language it was free to do so [although] it could not rely on the state to help. (Grosjean 1982, p.27)

However, this has not been deaf people's experience of society's relationship with their minority language, as they frame it. Rather, their experience, initially through the

education system (including preschool policies), has been one both of oppression and replacement. It is claimed that oppression has occurred in the sense of the linguistic status and potential for sign language for deaf children not being recognised and actively excluded as a medium of education (Lane 1992). Replacement, has occurred in those situations where sign language has been acknowledged but not considered the appropriate or desirable educational medium for deaf children:

> One very effective way of dissuading a people from using its language is to forbid its use in schools...Sad examples...are the replacement of...sign languages of the deaf by the surrounding spoken language in the United States and Europe. (Grosjean 1982, p.27)

This treatment of a minority language is, of course, not exclusively the fate of sign language. In Turkey, for example, the use of Kurdish is actively suppressed by the state, who disallow its use in schools and disallow printing and publication in the language. With parallels to deaf people and sign language, Kurdish has become a language learned by adults later in life and used and perpetuated in a clandestine manner (Hassanpour 1992).

From a process cultural point of view, it has been suggested that the history of non recognition, oppression and replacement of sign language as experienced by deaf people in their education, in the work place and in the social institutions regularly encountered, has served to sharpen some of the key identifying features of Deaf culture. Since the Congress of Milan, 1880, which banned sign language as a medium for the education of deaf children (Lane 1984), the language is described as having gone underground:

> The language of deaf people has been largely an 'underground' language until recently. Deaf adults who lived through these times tell us how they associated sign language with secrecy, inferiority and sometimes the smell of urine (because the only safe place to sign in school was the lavatory). (Freeman et al 1981, p.195)

It is consequently argued that the oppression of the language and the experiences that children and adults have had to go through to have exposure to and use the language, have served to strengthen the bonds between deaf people into a stronger sense of their communal and distinct identity:

> ...the oppression confronting the Deaf community may actually have caused its members to unite more strongly together. These strong bonds seem to be formed at a very early age among Deaf children. Ironically, one aspect of this oppression, namely the negative attitudes of most educators toward ASL, may actually have encouraged Deaf people to unite even more strongly in defence of their language and communication rights. (Woodward 1975, cited Baker and Cokely 1980, p.59)

However, such arguments concerning cultural maintenance and change through deaf people's interaction with majority society's attitude and behaviour, particularly towards sign language, is not well documented nor researched. This is becoming a particularly pertinent issue as the climate of "oppression" is slowly changing (Padden and Humphries 1988) and with it the interaction between the deaf and hearing communities. The advocacy and acceptance of early intervention and education on bilingual/ bicultural principles is one example of such change. Its practice will begin to change many of the attitudes and power relationships that have existed between deaf and hearing people within the sphere of education (Llewelyn Jones 1988; Pickersgill 1993.) However, it will be some time, at least in the UK, before it will be possible to document the effects of such modifications on deaf people's cultural identity from a process cultural point of view.

4.6 Biculturalism

4.6.1 Introduction

Having documented arguments for: the existence of a Deaf culture; the rejection of deaf people's status as disabled; a redefinition of deaf people as members of a linguistic and cultural minority; and the centrality of sign language to this new paradigm, a question still remains concerning what it would be for a deaf child to be *bi* - cultural and how this relates to the child's bilingualism. An exposition of Deaf culture is not synonymous with an explanation of biculturalism, particularly with regard to deaf children from hearing homes. Indeed in the literature, far less attention has been paid to biculturalism than to bilingualism or to Deaf culture per se.

In considering deaf children as biculturals as well as bilinguals, three kinds of debate tend to recur. The first focuses on the interdependence of linguistic knowledge and cultural knowledge. The second emphasises the importance to the child of a Deaf cultural identity. The third considers the extent to which Deaf and hearing cultures overlap or are mutually exclusive for a deaf bicultural. Each discussion will be considered in turn.

4.6.2 Biculturalism: Linguistic Knowledge and Cultural Knowledge

Knowledge of a language and knowledge of a culture are inseparably bound together (Woll 1994, p.20). However, this is not the case simply because a given culture will use a given language and, therefore, one needs to know the language to have access to the culture. Rather, to use competently a given language in a given culture, requires also knowledge of other attributes associated with its use in that culture (Riley 1994). For example:

> This means that [s/he] knows in various situations which word to select, how, when and whom to greet, how to address a person, how to start a conversation, express gratitude, express [his/her] emotions, what [s/her] cannot say to whom etc...(Oksaar 1990, p.34)

Such "interactional competence" (Oksaar 1990, p.34) is dependent upon having knowledge of the concerns, social rules, characteristic behaviours, values, attitudes, priorities and so forth of the culture in which the language is used (Erting and Meisegeier 1982; Riley 1994).

As already noted, the Bilingual Model is committed to deaf children reaching their maximum competency in both languages, having the flexibility to use either as the situation demands, and being able to exercise choice and preference over their language use (Sec 3.4). To meet this goal they will therefore, also require the cultural knowledge which brings the interactive competence associated with each language. Thus, in this sense the bilingual deaf child will needs be bicultural also.

Ensuring the deaf child is able to access the cultural knowledge associated with both languages from the early years and continuing through his/ her education, thus becomes a

concern of early intervention (Sutherland and Kyle 1993) and school age policy (Drasgow 1993). Chapter 5 will consider how early intervention with deaf children in hearing families, responds to this need.

4.6.3 Biculturalism: Deafness and Identity

A deaf child as a bicultural child, not simply a bilingual child, is also strongly argued in terms of the child's personal and social development. In this respect, the socio-linguistic, cultural definition of deafness is of primary importance. It is argued that previous approaches to a deaf child's socialisation and education have largely ignored the deaf child's cultural identity as 'Deaf' (Sec 4.4.5). Yet the child's exposure to Deaf culture is considered vital for the healthy development of a deaf child's self concept. This cannot be achieved through socialisation within hearing culture alone.

It is argued that the medical/ disability model of deafness in which the deaf child is primarily understood as a defective version of a hearing child (Lane 1992), has lead to very negative consequences for the formation of the child's self concept, sometimes referred to as self-image or self-identity. While there is no consensus about how to define, measure or study self concept, it is considered to be closely linked with the 'appraisal' of others:

> ...the individual's conception of himself develops as he sees a reflection of the kind of person he is, mirrored in the actions and responses of others to him. Thus the self is a social self. It grows through contact and interaction with others. (Meadow 1969, p. 429)

Others' appraisals of the deaf child as an impaired version of a hearing child and their response to the child on this basis, contribute to a deaf child's poor self concept.

Furthermore, it is claimed this poor self concept is reinforced by early intervention services and educational policies that have at their foundation an aim to habilitate the child to reach as near the hearing norm as possible (Lane 1992). Invariably the deaf child fails to

meet the standards derived from hearing children and thus his/ her developmental potential becomes negatively defined (Freeman et al 1981).

The consequences of the child, on the one hand, internalising a negative self image as a defective hearing child and on the other hand, experiencing pressure to behave and achieve to as near normal hearing standards as possible, are considered very damaging. It is suggested for example, that children in this situation neither gain a realistic assessment of their limitations nor of their potential, whereas both are normally considered essential for a healthy and positive personal development (Schowe 1979).

Socially, it is argued that the child and later the adult's perpetual experience is of attempting to be part of the 'in group' (the hearing), but constantly being unable fully to be part of this in group. Participation is too dependent upon hearing and speaking (Wright 1969). In consequence, deaf children and adults are described as being prone to anxiety, depression, and a lack of confidence that results from the effort required to be part of the 'in group' set against the consistent experience of not fully succeeding (Schowe 1979). These experiences serve further to reinforce a negative internalised picture of self.

By contrast it is argued that the deaf cultural paradigm affords the deaf child a strong positive self concept through their early developmental experiences and into adult life. It does this, as already discussed in detail, through deafness not being understood as an impairment nor the deaf person being appraised in comparison with a norm derived from the hearing majority. Furthermore, it is suggested that the strong sense of in-groupness that comes from deaf children's identification with the Deaf community and Deaf culture, enables them to project themselves into the hearing world and hearing culture with confidence (Schowe 1979, p.91). In essence, if children have a firm and secure sense of where they belong and where they feel comfortable and accepted, then they will be more ready and able to explore other social and cultural milieu in which they are clearly not the same as others and may experience some difficulties:

> It is uncertainty about one's 'belongingness' that creates psychological conflict. When 'fate' has made a child a member of one minority group it is essential that he [sic] should recognise and accept it and take pride in his membership. This is a *necessary basis for developing strong and secure loyalties to other groups.* (Meyerson 1955, p.173, emphasis original, cited Schowe 1979, p.74)

> [There is] a ground on which the individual can stand (Mindel, Vernon 1971), a firm base and solid footing for his impending struggle to achieve accommodation and self fulfilment in a hearing world. (Schowe 1979, p.56)

Thus, a child's socialisation into Deaf culture will also facilitate their accommodation to life in hearing culture.

Within educational settings, it is further argued that exposure to Deaf culture and the development of a deaf cultural identity will enhance the child's performance:

> ...greater awareness of one's own culture will lead to greater self-esteem, which will translate into higher academic achievement. (Stewart 1993, p.331)

In particular, it is claimed that children's awareness of deafness as difference rather than disability will lead them "to perceive themselves as fully competent learners" (Drasgow 1993, p.255). Consequently, educational services have begun to develop programmes which aim to expose the child to Deaf culture and to make classroom learning and curricula culturally appropriate (Drasgow 1993; Strong 1988).

In this account based around deafness and identity, biculturalism primarily refers to the introduction of a deaf cultural framework into the child's early developmental and educational environment. It is assumed that hearing culture will already be present for the deaf child, either because the child comes from a hearing family and/ or because of the child living within the majority hearing culture anyway.

Thus in this account, 'biculturalism' is not so much used to refer to the child's exposure to two cultures, but rather to the 'restoration' of Deaf culture to a deaf child's early development and education.

4.6.4 Biculturalism: Overlapping Cultures

Among spoken language populations, it has been pointed out that there is a central differentiating factor between bilingualism and biculturalism:

> ...bilinguals can usually deactivate one language and only use the other in certain situations (at least to a very large extent), whereas biculturals cannot always deactivate certain traits of their other culture when in a monocultural environment (Grosjean 1992, p. 315)

For example a French-German bicultural will tend to blend aspects of both cultures in his/ her behaviour, values, attitudes and so forth. S/he cannot be 100% French in France nor 100% German in Germany, however hard s/he may try (Grosjean 1982, p.315). Therefore, in defining biculturals, it is thought not enough to differentiate that they live in two or more cultures and adopt to varying extents the attitudes, behaviours etc. of these cultures. A further specification is proposed, namely that they are also defined by the fact they will "blend" both cultures (Grosjean 1982, Grosjean 1992). This definition of a bicultural has been applied to deaf people:

> They live in two or more cultures (their family, friends, colleagues etc. are either members of the Deaf community or of the hearing world); they adapt, at least in part, to these cultures; and they blend aspects of these cultures... (Grosjean 1992, p.318)

However, this notion of biculturals to some extent blending cultures and adapting to them, sits rather uneasily with the ideological thrust of the deaf cultural paradigm. A central feature of that paradigm has been to distinguish culturally deaf people as distinctly different from hearing people and Deaf culture as not circumscribed by the boundaries and standards of hearing culture. Indeed in recent debates concerning the definition of Deaf culture, the issue has arisen of how much Deaf culture is exclusive of hearing culture:

> Suppose - by way of a thought experiment - an isolated race of Deaf people had lived for centuries, independent and magnificent, undisturbed by those across the water who suffer noisily form their chronic larynx dependency; would they have Northern Exposure and Ninja turtles? be law-bound by monogamy? celebrate Christmas? read form left to right? prefer Coca-Cola or Pepsi? Asking such questions reminds me, at any rate, of the wealth of common ground between Deaf and many non-Deaf people: and I wonder whether the proposed Deaf Culture is really so all-embracingly distinctive after all? (Turner 1994, p.113)

However, in writing on biculturalism, this issue of blending or overlapping cultures is increasingly being considered from the point of view not of two cultures - the deaf and the hearing, but of three - the deaf, the hearing and the national culture e.g. English, Dutch (Preston 1994; Woodford 1994). From this point of view, it is not hearing culture that is blended with Deaf culture, but rather features indigenous to the nation that are shared by both hearing and deaf people. These features are not exclusively indicative of one culture or the other. For example, fashion, sport, historical traditions, the legal system etc.

This is not to say deaf people will not have also their own particular history, traditions and so forth, but they will also grow up *with those of the country in which they* live and the attitudes and values defined by them (Turner 1994, p.113).

> I know there is a tremendous empathy among deaf people that transcends national boundaries, so that many see themselves as 'deaf' first and English deaf, Dutch deaf...second. However, no-one can justifiable claim this for children. This comes as sign language develops and children are English, German... in the cultures into which they are born. (Woodford 1994, p.55)

This understanding of the cultural blending of the deaf bicultural based upon the interplay between Deaf culture and characteristics of the national culture, side-steps a polarisation of deaf and hearing cultures . However, it recognises that there will be some shared features between deaf and hearing people. Indeed in the bilingual model promoting high standards of literacy in the national language, it is also promoting access to and involvement with such shared features. However, there is currently little exploration of

deaf people's biculturalism based around the tension between shared and distinct features of two cultures:

> ...further down the road, ethnography will help us to see which cultural features are shared by which d/Deaf people and what the distinctions signify for us. Similar work on the real meanings of being bicultural will shed much light on exactly what it means to possess (part of?) two sets of cultural values. (Ladd 1994, p.330/331)

4.7 Conclusion

These three very different ways in which biculturalism is considered with regard to deaf bilinguals, are clearly not mutually exclusive. They may emphasise slightly different aspects of biculturalism, however, they are united by a two common prerequisites. Firstly, an acknowledgement of the socio-linguistic, cultural paradigm of deafness and secondly, that communicative access is required to both cultures for the deaf child/ adult to develop as a bicultural in all of the three senses offered. As such, biculturalism and bilingualism for the deaf child, have to go hand in hand.

In the following chapter the practical consequences for intervention and families based on the deaf cultural paradigm and these bicultural arguments, will be considered.

CHAPTER FIVE: ISSUES IN THE PRACTICE OF EARLY INTERVENTION ON BILINGUAL/ BICULTURAL PRINCIPLES WITH FAMILIES

In the previous two chapters the principles of the bilingual/ bicultural model and their derivation have been discussed. This chapter will now consider their application to early intervention in hearing families with a deaf child. The discussion will focus on new issues that emerge for families with regard to adjustment to their child's deafness and the family's role in intervention itself.

5.1 Introduction

It has been suggested that the principles of the bilingual/ bicultural model indicate little about how they should be realised in practice (Stuckless 1991; Woll 1994):

> ...even the strongest supporters of the new methodology here in the U.S. have many questions as they try to envision a workable system (Davies 1991, p.170).

In effect, the application of these principles spawns many new debates. Within the field of school age bilingual education for deaf children, there is now, for example, vigorous discussion over appropriate pedagogical models of bilingual instruction (Kyle 1994; Pickersgill 1993) and the development of curricula content and materials (Davies 1991; Drasgow 1993; Johnson, Liddel and Erting 1989; Kannapell 1980; Strong 1988) amongst other issues. With regard to early intervention, however, the application of bilingual/ bicultural principles engender very different debates, because of the context and goals of early intervention itself.

As already noted (Sec 2.1.2), early intervention as applied to deaf children and hearing families has two major strands: linguistic, psycho-social and cognitive developmental needs of the deaf child; and the process of family adjustment. Linking these two aspects is the family as intervenor, supporting and carrying out strategies for their child's development. The *application* of bilingual/ bicultural principles to early

intervention, tends to centre on the interaction of these principles with what is known of family adjustment and what is expected of the family's role within the intervention.

Discussion of these issues is scant, but some comments are to be found in direct reports of early intervention programmes. Also, there is a body of critical literature that draws attention to practical issues for families involved in intervention on bilingual/ bicultural principles. This evidence will now be reviewed in order to identify the key debates. In the course of this discussion, components of specific bilingual/ bicultural early intervention programmes will be described, however, ideal models of practice and service delivery are not the primary concern of this Chapter.

5.2 Parents' Role in Child Language Acquisition and Development

As already noted with regard to early intervention generally (Sec 2.1) and previous methods concerned with facilitating deaf children's language acquisition, parents are deemed to play a key role (Sec 2.1.2). Several aspects of this role have been described. Firstly, they are considered to be the providers of the child's earliest and most sustained experiences of language and interaction. Secondly, they are encouraged to make major modifications to their language and interaction to aid their deaf child's' language acquisition. Thirdly, to varying degrees, they are accorded considerable responsibility for the implementation of these adaptations and, therefore, for the success of their child in the acquisition task. However, an early intervention on bilingual/ bicultural principles, raises some new questions about the nature of this role.

5.2.1 Parents as Primary Language Models

Firstly, parents' role as the child's primary language model is no longer as straightforward as it has been in previous approaches (Davies 1994). As discussed, the bilingual/ bicultural model maintains that sign language will be the deaf child's first language as it will be the

language that can be most easily, completely and naturally acquired (Sec 3.2.4). However, sign language is, in the vast majority of cases, not a language of which hearing parents have any knowledge. For a deaf child in a hearing/ speaking family, the issue arises of how the child will be afforded access to that language in conditions that will facilitate its acquisition (Bouvet 1990). For hearing/ speaking parents following a bilingual model, the issue arises of what their role can be in providing their deaf child with access to a language in which they have no prior fluency and which is not naturally a language of the home.

Early intervention programmes respond in two ways. Firstly through ensuring the provision of contact between the deaf child and deaf sign language users (Bouvet 1990; Davies 1991; Johnson et al 1989; Svartholm 1993) and secondly through the provision of sign language teaching to the child's parents (Jones 1994; Sutherland 1994; van der Lem 1994). Different programmes enact these provisions in different ways. The sign language users with whom the child has contact may be deaf adults (Johnson et al 1989; Sutherland 1994), deaf parents (Davies 1991; Sutherland and Kyle 1993) or other deaf children (Ahlgren 1978; Svartholm 1993). Parents may learn sign language in their own homes (Sutherland 1994), individually or as a group (Pickersgill 1993; van der Lem 1994), residentially (van der Lem 1994), weekly or intensively (Davies 1991).

However, although the child is provided with both of these language resources - deaf adults/ deaf children and their own parents - a clear distinction is made in the literature between the roles that each of these two language inputs plays for the child.

The contact with deaf sign language users is identified as the primary means to the child's acquisition of sign language. This is argued firstly because the deaf user, unlike the child's parents, can provide a fluent model of sign language for the child:

> Upon identification, a deaf child should immediately be given extensive contact with adult deaf signers in order to take advantage of the capacity to acquire language naturally...The best models for natural sign language acquisition...are deaf signers who use the language proficiently. The initial models for language acquisition for deaf children with hearing parents should be deaf adults... (Johnson et al 1989, p.16)

Secondly, acquisition can occur as a result of interaction and play in what are described as naturalistic conditions, rather than conditions in which the child is being 'taught' the language, or the adult may be struggling to express themselves:

> Deaf children...have the opportunity to come together and to observe communication exchanges between adults and to 'oversee' in the same way as hearing children overhear language which obviously some deaf children with hearing parents have missed. (Sutherland 1994, p.105)

> ...enable them [the children] to acquire ASL naturally in real communication, rather than in formal didactic language instruction. (Drasgow 1993, p.256)

The fundamental importance for deaf children of language resources other than their parents from the very earliest years of life, represents a radical departure from some of the basic assumptions of the role of parents in previous approaches to early intervention and language acquisition. In the majority of hearing parent /hearing child situations, it is implicit that as part of the parents' role in the socialisation of the child, they will be the child's primary early language model. In previous approaches to early intervention with deaf children in hearing families, this role has been strongly maintained. Although there may have been difficulties in communication between parent and child and although parents faced difficulties in making considerable alterations to their communication and interaction, they were nonetheless still upheld as the child's primary language model. However, in a bilingual/ bicultural approach to early intervention, this connection is not so axiomatic.

This effect has been characterised as a new distinction between the "biological parent" and the "linguistic parent" (Harris 1978, p.223). Critics of a bilingual/ bicultural approach to early intervention have questioned the impact of this distinction on parents' adjustment to having a deaf child. Some argue that it is an entirely inappropriate and unnecessary distinction for parents to have to come to terms with (Stuckless 1991). Namely, it arises out of the false premise, that what is known to be advantageous for a deaf child in a deaf family can be applied to a deaf child in a hearing family (Peffley 1991).

Others, point to the fact that there is an inherent tension between arguing from the point of view of the needs of the deaf child and addressing the needs of the hearing family. The issue of biological and linguistic parents is one example of this tension, there are others, (Sec 5.3.2). It is a tension with which a bilingual/ bicultural approach potentially confronts parents in their adjustment to their child's deafness and one which intervention services are challenged to accommodate:

> Can hearing parents acquire sign with their children? Will they choose to? These are empirical questions, but there is a prior ethical question for researchers and child care workers in this area. How is one to define a constituency? Can one work for parents and child when their interests may not co-incide? Who speaks for the deaf child: the biological or linguistic parent? (Harris 1978, p.223)

> ...we must be careful, mustn't we, to consider the needs of the child, rather than the subjective needs of the parents? (Jones 1994, p.90)

It has been remarked that in seeking to resolve the tension in families between potentially competing perspectives engendered by a bilingual/ bicultural approach, it is necessary to tread a difficult path between what is "desirable" for the child and what is "realistic" for the family (Gregory 1993b).

5.2.2 Parents' Role and Child Language Acquisition in Intervention on Bilingual/ Bicultural Principles

The Positive Picture

To return to the role of parents in the child's language acquisition. If not regarded as the primary model of sign language, how is their role and their learning of sign language considered instrumental for the child?

As already noted, parents may be given intensive instruction in sign language and encouraged to use it with their deaf child at home. However, the literature, particularly that from Scandinavia and the U.S., makes a strong distinction that in the early years (that is to say the first three years of the child's life), parents' use of sign language with their child is closely associated with interaction, 'communication' in a general sense, and building a close parenting relationship with the child, rather than providing a 'language model' as such:

> While parents may not be the primary language models for their child's first language, it is made clear to them that they *are* the primary communicators in children's lives. (Davies 1991, p.189, emphasis original)
>
> ...children imitate the language of their peers, rather than that of their parents. Which is a very comforting thing to say to hearing parents: 'You don't have to be linguistic models for your children; you are models in another sense, but not when it comes to linguistic form. (Ahlgren 1991, cited Davies 1991, p.174)
>
> For language acquisition to fully take place with deaf children, it must be within a natural language. Because hearing parents of deaf children are not native users of ASL and since ASL is not the only way for parent - child communication to take place, it is not expected that they be models for language acquisition, rather to be an active part of the child's communication environment. What is most important is for parent and child to be interacting freely using whatever method is most comfortable. However, if parents choose to learn ASL, this can only enhance already existing communication. (CSDF 1991, unpaginated)

Two issues underlie this distinction between sign language as primary language model and sign language in association with interaction and communication in the family.

Firstly, the general observation that it is parents and life at home that provide the child with, in the broadest sense, the developmental and learning experiences s/he requires. These have been termed the learning of 'world' knowledge (Kyle 1994), in distinction from the acquisition of language. While, contact with deaf adults and children, however regular, can fulfill the latter, it is in sustained relationships within the family that the former occurs.

> One of the most obvious observations we can make about bilingualism is that it should originate in the home. The family is the main source of early linguistic stimulation. (Sutherland 1994, p.98)

> The Learning Center believes that the most important learning environment for a child during the first three years is the one created at home by the parents, and the child's most important relationships are with parents or other primary care takers...the goal is to learn, use and understand American Sign Language; for children as a first language and for most parents as a second language. (The Learning Center, Framingham, 1993, unpaginated)

Secondly, importance is given to taking the pressure off parents that they are responsible for their deaf child's language acquisition and the primary pathway to it. As previously noted, early intervention using other models, particularly the oral approach, has operated on the assumption that it is from the parents that the child will acquire language and the child's success or not is strongly correlated with parents' commitment to strategies to foster that language (Sec 2.1.2). In parents being given or adopting this role, two effects have been noticed. Language has a tendency to become the goal not the product of parent/ child interaction and the deaf child's learning and developmental experiences are impoverished. The focus of interaction narrows to specific language teaching (Gregory 1991a).

By separating out the language model from parents' communication role, then it is claimed parents are under less pressure; they can afford to have a less conscious focus on language in their interaction with their child; and the child is offered broader learning and developmental experiences in the same way a hearing child would be.

> Guidance for parents must be realistic. We are not talking about parents acquiring skills, though this is part of the process...pressure must be taken off parents, they must be helped to have a realistic understanding of their child's deafness, and to communicate joyfully with him or her. (Jones 1994, p.96)

> ...when a child is in the early stages of learning, we should evaluate the most appropriate balance of speech and sign for the family. The child should have access to the easiest language to learn at the earliest time and this should be the means of interaction and communication. Interaction and the learning of 'world' knowledge takes priority over all else. Language(s) are acquired along the way or are learned later. BSL is likely to be acquired first. (Kyle 1994, p.136)

In consequence of parents not assuming the language model role and of the emphasis on the provision of a broad developmental communication with the child, parents' accuracy and proficiency in sign language, in the early years, is not considered essential:

> They (parents) were themselves just slightly ahead of the child in the process of learning the language. The advice given to them, though, was not to struggle too much with the language form when communicating with the child, the rate of signing and the willingness to communicate through signs turned out to be of more importance to the child and its development than the correctness of the signing. (Svartholm 1993, p.297)

> It resulted in communication in the hearing parents that was good enough; they could communicate easily, comfortably with their children... (Ahlgren, cited Davies 1991, p.173)

> ...the emphasis at almost any stage in the child's development is a letting parents know that they can communicate with their children, and encouraging them to feel comfortable with whatever level of sign language they have mastered, and letting them see their own competence and individual role they play as active participants in an ongoing conversation with their children. (Davies 1991, p.189)

In short, a very positive picture is presented of the advantages to parents. They are released from undue pressure by being no longer held responsible for their child's first language acquisition. They are freed to participate in a normal interaction with their child, which benefits both the child's development and their comfort and satisfaction as parents.

Although they are learning sign language, rather than signing linked with their own speech (as in the case of MCE systems), their accuracy and proficiency is not considered essential.

However, those who would question the appropriateness of the adoption of bilingual bicultural principles, paint a very opposite picture of the effects on families and parents' adjustment to their child's deafness, of trying to learn and use sign language.

The Critical Picture

Rather than releasing parents from the burden of responsibility and pressure, it is also claimed that a bilingual approach puts far greater pressure on parents than previous approaches to early intervention, because of the "extraordinary adaptations" (Stuckless 1991) that it requires. Whilst it is acknowledged that all families with a deaf child are required to make adaptations, those engendered by a bilingual/ bicultural approach, are considered to be of a different order. The central issue is the difference between asking parents to make modifications to their own language, in form or delivery, as occurs in other approaches to early intervention (Sec 2.3) and asking parents to learn and use a completely different language:

> ...it is unreasonable and presumptuous to expect parents and siblings to substitute ASL for their own native language as the exclusive or primary mode of communicating with and around their deaf children. (Stuckless 1991, p.271)

It is suggested that facing parents with the task of learning a different language in order to communicate with their child (Johnson et al 1989) will only add to the considerable "emotional burdens" (Peffley 1991) in coming to terms with their deaf child. Furthermore, it is considered an unrealistic goal for parents (Stewart 1992) because of how difficult it would be for them to learn the language themselves, let alone attempt to use it with their child, quickly enough for it to be of benefit to the child during the 'critical period' of the first five years (Peffley 1991).

By contrast, asking parents to master a sign system based upon English is thought to be realistic (Gustason, Pfetzing and Zawolka 1975; Peffley 1991; Schlesinger 1978; Stuckless 1991), the major point being that it is a form of visual communication that does not constitute a complete break from parents' own native language and will, therefore, be easier to learn. It is argued that parents are far more likely to succeed in its learning and use and furthermore, be far more comfortable with it than with sign language.

> ...the difference in structure and symbolism makes ASL a difficult language for many hearing people to master. Since most deaf children have hearing parents whose native language is English..., we suggest that these parents can most comfortably learn to sign English and so expose their child to their own native language, rather than learn ASL and have their child learn English as a second language. (Gustason, Pfetzing and Zawolka 1975, cited Johnson et al 1989, p.8)

In opposition to the claims made for the benefits for parent child interaction if both are involved in a bilingual programme, it is instead argued that parents' attempts to use something so new as sign language will, in fact, inhibit their communication with their deaf child. It is concluded that parents are not going to communicate well in something they do not find easy to use and thus will not give their deaf child the required range and complexity of language interaction:

> Signing children of hearing impaired parents and oral children of hearing parents are both communicating in their parents' natural languages. By communicating in a language they felt most comfortable with, parents may be better able to establish early the subtle pragmatic rules that govern conversations as well as the structural and semantic notions underlying syntax, and the lexicon. These early language skills may not be transmitted as well by parents who are themselves just beginning to acquire signs. (Geers and Schick 1988, p.142)

The use of sign language rather than a sign system is also opposed on the grounds of its divisive effects on relationships within the family both in the short and long term (Stewart 1992). It is claimed that a bilingual/ bicultural approach in which sign language is advocated as the first language for a deaf child in a hearing family, will make it more

difficult to develop a "shared communication system" (Kluwin and Gaustadt 1991) within the family. A shared communication system is considered vital from the child's point of view, to their linguistic and social development. It is necessary for the child to have access to the range of shared information and social exchanges that go on in the family (Bouvet 1990). From the point of view of the rest of the family, a shared communication system is considered essential for the formation of relationships with the child and their adjustment to their child's deafness (Luterman 1986). It is argued that if a model employing a sign system is encouraged then this will be far easier for all family members to learn and use consistently (Stuckless 1991).

Furthermore, the insistence on the child being a user of a language different from the rest of the family, is held to create more language barriers than an insistence that the child will require family members to make some modification to their language so the child will understand. For example:

> During a recent conversation with a fervent advocate of ASL's use in the family, I asked what parents committed to the use of ASL with their deaf child should do when Grandma and Grandpa come to dinner. Expecting my friend to say something about there being exceptions, I was surprised by his reply: 'They can hire an interpreter.' It's possible upon reflection he might make a more temperate response. I don't think so. (Stuckless 1991, p. 271)

Conclusion

The difference between the positive arguments for parents learning sign language within a bilingual/ bicultural approach and the arguments of its divisive effects for families, is very striking. A number of factors may contribute to an explanation of this seeming polarity. Firstly, the positive accounts and radical criticisms are from very different domains. The positive arise from reports of actual intervention programmes themselves, the critical arise from debate not directly grounded in empirical evidence.

Secondly, the critical literature largely discounts the distinction found in the implementation literature between deaf people as the child's language model and the parents' communication/ interaction role. It is unclear whether this distinction is simply ignored, not understood or whether it is believed that in practice this distinction is not upheld. Namely, that it is a distinction that parents either do not appreciate or are unable to accept. If indeed that is the case for parents, despite the intentions of the intervention itself, then arguments concerning the added pressure and emotional burden that an insistence on sign language may bring, would make sense. At the moment, however, there is very little empirical evidence to assess the reality of parents' responses and thus of the validity of such criticism of the effects of a bilingual/ bicultural approach.

Thirdly, there appears to be some confusion concerning what the languages of the home will be if the deaf child acquires sign language as a first language and parents learn to sign also. Critical argument presumes that the family will attempt to use sign language and this, therefore, will have potentially divisive consequences. Positive proponents suggest a much more flexible situation in which parents may not use or be able to use fluent sign language, but that their signing will be 'good enough' for their child, who is acquiring their first language elsewhere (Bouvet 1990; Svartholm 1993).

Essentially what is at issue here, is the model of bilingualism in the home that is being envisaged for a deaf child of hearing parents. It is known from spoken language bilingual home situations that many models may operate (Baker 1993). For example, both parents do not necessarily use both languages, nor in all situations at all times (de Jong 1986) Also, one of the languages of the bilingual child may not necessarily be present in the home, for example in the case of first generation immigrant families in countries where their children may be educated in a language that is not used by their parents (Grosjean 1982) . The bilingual child may quite naturally associate different languages with different people, locations and purposes.

With this in mind, it would appear, therefore, that proponents and critics may be operating on very different and not necessarily clear assumptions about what bilingualism

in the home implies for language used between parent and child. On the one hand it is presumed that parents will use sign language (e.g. BSL) at home for the child and amongst themselves in most situations. On the other hand, it is suggested that parents, while signing, may not use sign language as such, but the child certainly will outside the home. This difference in interpretation does raise the question of what parents interpret bilingualism in their home to mean and what expectations they may have of themselves in this respect. However, there is currently very little research that has considered these issues of practice with parents.

5.3 Families, the Socialisation Role and Deaf Cultural Contact

5.3.1 The Socio-linguistic Definition of Deafness

Within the literature on early intervention on bilingual/ bicultural principles, it is clearly acknowledged that a socio-linguistic definition of deafness rather than a disability definition, is not an understanding most parents are likely to have, nor necessarily find easy to accept. This is an important point, because as hearing people, parents are likely themselves to have grown up with a view of deafness as loss and handicap. Furthermore, such an understanding underpins some of parents' adjustment responses, in the Grief Model, for example (Sec 2.2.2).

Intervention programmes, therefore, work to introduce parents to an alternative understanding of their child's deafness. They do this firstly through the provision of information and education (Johnson et al 1989; Jones 1994; van der Lem 1994). However, more importantly, they introduce parents to the new deaf paradigm, experientially, that is to say, in giving parents the opportunity to meet, mix with and get to know deaf adults as friends (Ahlgren 1978; Sutherland 1994) deaf children from deaf families (Svartholm 1993) and deaf parents with deaf and hearing children (Davies 1991). These experiences are found to impact on the two inter-related areas of parents' adjustment to their deaf child and the quality of the parent child relationship.

The reports of bilingual/ bicultual early intervention, suggest that parents are able to develop a positive view of deafness and of their deaf child (Bouvet 1990). They see for themselves the capability of the deaf adults they encounter, as professionals and as parents, and thus gain a realistic picture of what deaf people's 'normal' life is like (Svartholm 1993) from them first hand (Sutherland 1994):

> Deaf people have created a reality based upon acceptance of their own deafness. It is this experience of deafness, which shows what deaf people value most in their lives, which should illuminate our attitudes to deafness and help parents form their attitudes, because it is a 'deaf' perception of deafness, based on practical experience. (Jones 1994, p.91)

Parents are also able to observe the competent communication and interaction of deaf children and adults, including their own deaf children, through sign language (Sutherland 1994; Svartholm 1993). Furthermore, in the deaf families they encounter, they see that deafness is not a source of anxiety or fear for parents (Ahlgren 1978).

The result of a positive understanding and experience of deafness, is reported as provoking both attitudinal and behavioural changes. With regard to attitude, parents are said to discover that "deafness is OK" (Davies 1991, Sutherland 1994), accept it more readily and build a confident view of their child (Svartholm 1993). These changes in attitude go hand in hand with parents becoming more self confident and competent in their parenting:

> The first step was to give hearing parents the opportunity to develop self-confidence as well as a confident view of their child. This was done with the help of deaf adults... (Svartholm 1993, p.297)

In consequence, parents are described as engaging in more relaxed, joyful and comfortable interaction and communication with their child (Jones 1994; Learning Center 1991). Bouvet (1990) describes this positive acceptance of a child's deafness in terms of

parents "recovering" their own ability to interact and communicate normally with the child (p.125). That is to say, in perceiving their child as a potentially competent language user and potentially successful individual, parents no longer experience the emotional dislocation and disturbance in interaction that their child's deafness may have provoked.

These claims for the beneficial effects for family adjustment, of understanding the deaf child in the framework of a socio-linguistic definition of deafness in which deafness is not experienced as a handicap, are very impressive. They are also supported by some personal accounts by parents (Maigre-Touchet and Maigre-Touchet 1979). However, little is understood at the moment about how these positive experiences may interact with what is known of other features of family adjustment - grief, family dynamics, stress, continuity - as previously described (Sec 2.2).

5.3.2 Deaf Culture

As previously discussed,the principle of sign language as first language for a deaf child and the importance of the child's socialisation into Deaf culture are closely linked (Sec 4.6). Early intervention does not neglect this element. However, in a similar way to the distinction that is made concerning the role of sign language with the children and its role with the parents, the provision of access to Deaf culture varies in its significance between child and parent.

With regard to the child, the primary issue is in assisting the formation of a deaf cultural identity, in addition to that which the child will derive from living in a hearing family:

> Emotional Growth - the goal is to help children develop self esteem, and to start to develop their identities in both Deaf and hearing cultures. (Learning Center for Deaf Children 1991, unpaginated)

Although the definition of 'cultural identity' is not necessarily straightforward, with regard to bilingual early intervention, the literature reports two elements in its definition and formation. The first concerns the provision of what may be termed cultural knowledge (Riley 1994) associated with being deaf and using sign language as a first language. With very young children examples of such knowledge occur in, for instance, the visuality of games, the way in which touch is used with children and they learn to touch others (Sutherland, Kyle 1993) and in environmental manipulations:

> Deaf children...have the opportunity to come together...For instance, storytime is in BSL, using deaf culture, explaining behaviour such as switching lights, banging the table. Being able to recognise their own deaf identity is important for the child. (Sutherland 1994, p.105)

The second aspect to cultural identity concerns the importance of deaf children having the experience of mixing with adults and children like themselves. In this way, it is suggested the children are given the opportunity to gain a sense of their own identity out of their similarity to others around them, and not solely out of their difference from others around them (Sec 4.3).

It is this sameness between deaf child and deaf adult/ deaf child that is central to the distinction that is made between the role of deaf people and the role of parents in the provision of Deaf culture for the children. Clearly, through bilingual programmes parents can and do learn some of the cultural knowledge cited and practice its use with their child (Maynard 1992; Sutherland and Kyle 1993). They can also, as noted earlier, come to have a very positive appraisal of their deaf child which will help to foster the child's positive sense of self. However, the parents will never be deaf like the child, allowing the same kind of recognition of self in others that the child experiences among deaf adults/ children. Nor will the parents possess the familiarity with and unthinking dissemination of deaf cultural knowledge that a deaf person not just possesses, but is. For these reasons, it is deaf adults and other deaf children who are regarded as being fundamentally responsible for the child's socialisation into Deaf culture.

Hearing parents, by contrast, are described as having a responsibility to inform themselves of Deaf culture and to be aware of its importance for their child.

> ...parents will need to know BSL and know about deaf adults and how they live; and they will be preparing their children for education... (Jones 1994, p. 96)

> The Bi-Bi approach does not contend that hearing parents should be responsible for teaching their child about Deaf culture but rather be a model of the hearing culture to which they belong. However, familiarity with Deaf culture will 'help parents realize the importance of Deaf role models in the development of their deaf child's self-esteem and sense of identity; help parents welcome rather then fear the role of the Deaf community in their child's life; enrich the child's family life by broadening shared traditions, values, and experiences'. (Hafer and Richmond 1988, cited CSDF 1991, unpaginated)

Parents are also seen as playing a facilitative role in the child accessing Deaf culture through, for example, mixing with the Deaf community and becoming involved in its social activities. In Sweden, for example, where hearing and deaf families who first met through an early intervention programme, it is reported that they have remained close friends and social partners as their children have grown older (Davies 1991; Davies 1994; Svartholm 1993).

However, in the same way in which, with regard to language, the bilingual model effects a new dislocation in the parenting role (no longer primary language models), there is another dislocation with regard to culture. Hearing parents are, by definition, considered not to be the prime sources of the cultural socialisation associated with their child's first language. They are, however, considered important facilitators and contributors to it.

In critical discussion of bilingual/ bicultural principles, it has been pointed out that such implications for the child's socialisation are not necessarily easy for parents to accept (Schlesinger 1978). Parents are described as "vitally interested in the transmission of their culture to their children" (Schlesinger 1978, p.71) and there is a fear that this role will be

usurped, despite the fact that bilingual/ bicultural appraoch does emphasise the importance of hearing culture to the child as well.

Also, in acknowledging the importance of Deaf culture to their child and the role of the Deaf community in fostering that cultural identity, a new dilemma faces parents. Namely, that they may have to face up to a fear of losing their child to a different cultural group and in this way losing part of their parenting role:

> ...the notion of a strong Deaf Community rather than offering a positive solution to hearing mothers, presents a further dilemma. In acknowledging their child is Deaf they are in a sense losing their child to a different language and cultural group, for part of childrearing is the sharing and developing of a common culture. (Gregory 1991a, p.140)

Furthermore, it is suggested that parents may harbour a fear that the 'world' to which they have 'lost' their child, is not one they could easily share with their child even if they made the effort to do so (Henderson and Hendershott 1991).

However, little is known empirically how widespread such fears are, how parents may manage them and how they achieve a balance between their needs to socialise their child into the culture of the family and the child's needs to be socialised into Deaf culture.

5.4 Conclusion

Bilingual/ bicultural principles applied to the practice context of families in early intervention, raises very new dilemmas. Many of the roles and responsibilities more usually accorded to parents by virtue both of them being parents and of them being involved within early intervention programmes, are changed. There are strong opinions both in support and in criticism of the effects of these changes on families' adjustment to their child's deafness.

Much of the criticism seems to be underpinned by a rather primitive view of how the hearing family and the deaf child will accommodate two languages and two cultures. The languages and cultures tend to be considered rather like opposite forces, with families engaged in the inherently difficult task of attempting to reconcile the two. Such attempts at reconciliation give rise for instance, to adaptations that are unrealistic, pressure and fears of loss of the child to another culture that is separate from the family. This account can be represented diagramatically as:

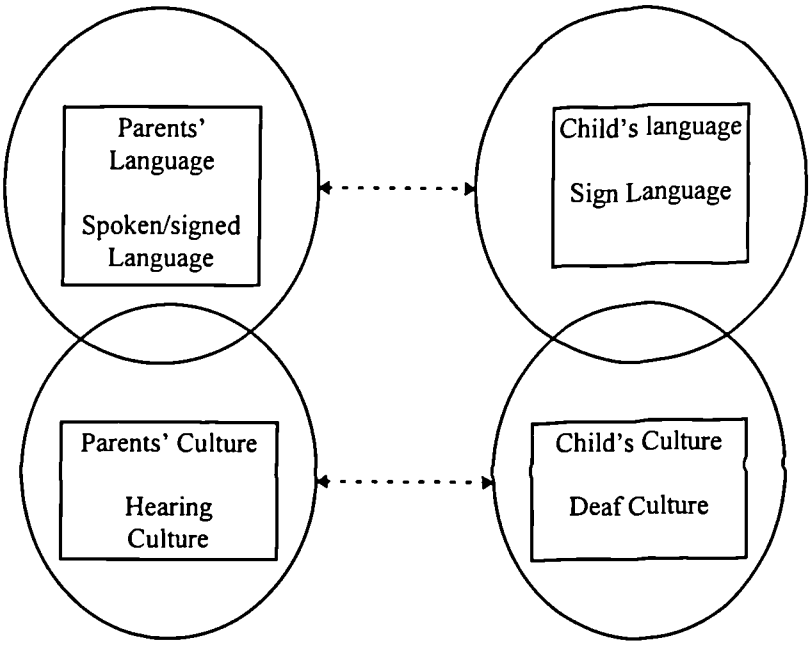

Fig 5.1 Two Languages and Two Cultures in the Hearing Family: The Primitive View

On the other hand, the positive view of the effects of a bilingual/ bicultural approach seems to be underpinned by a more systemic view of how two languages and two cultures may operate within the family. For example, the hearing culture of the family, becomes accessible to the deaf child through the family's use of sign language. The deaf child has independent experiences of Deaf culture, with deaf people. However, s/he also has experiences of Deaf culture within the hearing family, as the family makes adjustments

to accommodate the child. In the early years for the family, there is some overlap between (spoken language) and sign language, as parents try to master the new language. For the deaf child, there is independent access to sign language through deaf adults. However, there is also communication in sign language (although not necessarily in fluent sign language) in the home. This account can be represented diagrammatically as:

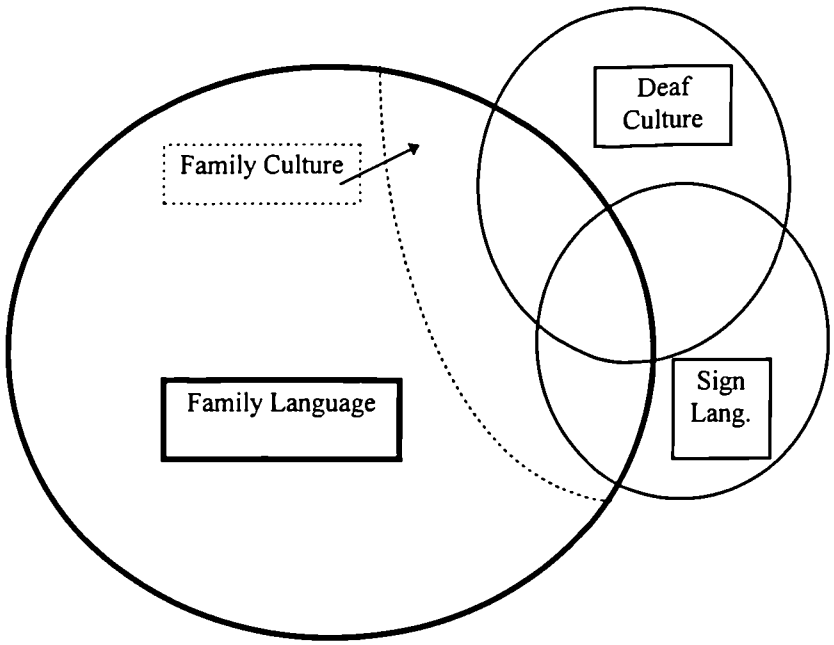

Fig 5.2 Two Languages and Two Cultures in the Hearing Family: The Better View

In reality there is little empirical evidence from families themselves to assess either positive or negative claims concerning the bilingual/ bicultural principles in the practice of early intervention, nor these two very different accounts of families' accommodation of two languages and two cultures It is this area of interest, that forms the focus of this research project.

CHAPTER SIX: METHODOLOGY AND INSTRUMENTATION

This Chapter will specify the research questions of this thesis. It will discuss the methodological considerations underlying the choice of a research design. Finally, it will provide details of the subjects, procedures and instrumentation of each study within the design.

6. 1 Research Questions

Having considered the literature relevant to language development within the framework of early intervention, family adjustment, principles of the bilingual/ bicultural model and its application to early intervention with hearing families, two research questions will be investigated:

> How does early intervention based on a bilingual/ bicultural model impact on family adjustment to a deaf child?
>
> What issues arise when a bilingual/ bicultural model is applied in the context of the family in the early years?

6. 2 Considerations in the Development of the Research Design

6. 2.1 Introduction

The impact of a deaf or a disabled child on the family and the impact of a particular approach to early intervention are largely traditional areas of research. However, these issues with regard to bilingual/bicultural intervention involve new considerations, namely: the reorientation of the relationship between deafness and disability; the significance of deaf people's cultural constructs; the radical new principles on which the intervention is based. (Chs 3,4,5). These paradigmatic shifts, on the one hand, strongly challenge the appropriateness of the methodology and research instruments that have been developed for the investigation of families and early intervention. On the other hand, they potentially suggest new means of carrying out such research.

Three areas in particular require consideration in this respect. Firstly, how various approaches to the study of family adjustment to a deaf child are closely bound up with assumptions of deafness as disability. Secondly, how differing approaches to intervention are usually investigated in terms of their effectiveness, as measured by communicative/ interactive indicators and not for the influence of the principles on which they are based. Thirdly, whilst differences in perspective and priorities between deaf and hearing people may have been acknowledged in research, rarely have deaf people's conceptual and cultural frameworks been fundamental to the research design.

In what follows, these issues will be considered in turn with regard to the development of a research design that is responsive to the new concepts that underlie questions concerning the bilingual/ bicultural model.

6.3 Studies of Family Adjustment and Presumptions of Disability

6.3.1 Comparative Normative Studies

There is a large corpus of research that begins from the proposition that a disabled child is an 'abnormal' child. The child's impairment (Harris 1971) puts him/ her outside the normal range and thus his/her presence in a family and his/her needs will cause families to function outside the normal range - emotionally, experientially, behaviourally and in the way society treats them (Gregory 1991). Consequently, the research task in assessing the impact of the disabled child on the family, is essentially a comparative one, in which differences and similarities are sought between families with disabled children and 'matched' families who are presumed to be the same save for the fact that they do not have a disabled child (Kazac 1986).

Gregory's (1976) study of 122 families with a deaf child, in which results are compared with normative standards derived form Newson and Newson's (1965) study of 'Patterns of Infant Care in and Urban Community', is a classic example. Similarly, Freeman, Carbin and Boese's (1975) comparative study of 120 families with a deaf child and an equal control group, enabled them to derive evidence of the 'Psychosocial problems of deaf children and their families'. Also Quittner, Glueckauf and Jackson

(1990) used this method in a study of stress and social support, through complex comparisons between 96 mothers of deaf children and 118 matched mothers of hearing children.

However, in considering family adjustment and the bilingual/ bicultural model, the simple assumptions that deafness is disability and the deaf child is not within the normal range in that s/he is not hearing, are not available as the unquestioned basis for the development of a research methodology. On the contrary, bilingual/ bicultural early intervention confronts families with a socio-linguistic/ non disabled definition of deafness. However, there is a profound ambiguity surrounding the extent to which families respond to their child within such a framework (c.f. Ch 5). A comparative approach to the impact of the deaf child on the family would cover up this ambiguity, not elucidate it.

Furthermore, while studies following the comparative model are extremely good at uncovering hitherto unappreciated areas of concern and difference for families with a disabled child, the explanatory value of the variables produced is highly questionable. The problem is, that comparative studies assume a 'main effects' model of disability and families (Calderon and Greenberg 1993; Kazac 1986; Voysey 1975), that is to say that the differences they uncover between the study families and the normal controls, are explicable mainly in terms of the one independent variable - the child's disability. This main effects assumption ignores both the possibility of the influence of factors separate to the child's disability and also largely ignores the possibility of complex patterns of interaction between effects of the child's disability and pre-existing family characteristics and circumstances (Sec 2.2). In an investigation of family response and bilingual/ bicultural intervention, it is precisely this area of interaction between family attitudes and behaviours and the overt challenges to them a bilingual approach makes, that is a central focus of the research task.

6.3.2 Qualitative Interview Studies

A second approach to researching of the impact of the disabled child on the family, abandons the comparative normative framework completely and takes instead a more

phenomenological approach. Studies begin from the proposition that families' responses to a disabled child can only be understood in their own terms, from within their own individual experience and not by comparison with anything else (Furneaux 1988).

Such studies are more allied to an understanding of disability as a social/ environmental phenomenon (Voysey 1975), in that the extent to which a child is disabled is not a product of his/ her impairment alone, but of that in interaction with their family and home. Consequently, these studies often focus on the processes by which families accommodate the disability within their own understanding and experience and respond to challenges to that experience (Davies 1963; Hewitt 1970; Voysey 1975). Relevant variables are largely those which parents themselves suggest, and the apparent normality of their situation is understandable within the frameworks they provide (Voysey 1975, p. 23).

Working from this understanding of disability and its relation to the family, data is elicited through extended personal accounts given in interviews. These interviews tend to be flexible in their structuring and thus allow the respondent to decide what is of significance and to describe that in his/ her own terms (Borg and Gall 1992).

This methodological approach immediately seems more conducive to the first research question. In a research area where that which is of significance in family responses is yet to be clearly identified and the intervention approach is grounded in families' abilities to make fundamental adjustments to their attitudes and behaviours in the home environment, a focus on families' descriptions in their own terms is likely to produce highly relevant and complex data.

6.3.3 Multivariate Analysis Studies

Multivariate analysis is the approach least allied to any particular understanding of disability, but reacts instead to perceived inadequacies of other approaches. It shares with qualitative interview studies a rejection of the main effects assumption and an interest in the processes of interaction between family context and the circumstances of

the child's disability (Calderon and Greenberg 1993). However, it is critical of the purely open ended qualitative approach, for its incapacity to account for differences between families, except by recourse to their individuality and for its inability to explore the strength of the relationships between variables it may uncover.

By contrast, multivariate studies take a range of predetermined variables that are testable, often by previously standardized measures and administer these tests to families (Beckman 1983; Calderon and Greenberg 1993; Trute 1990). The combination of variables investigated tends to be determined by the explanatory model being applied to the family adjustment/ intervention process. For example, a family systems approach (Bernier 1990), a stress-coping model (Calderon and Greenberg 1993), a transitional model (Kampfe 1989) have all been used in this way with deaf children and their families.

The prime advantage of these kinds of approaches is that they yield data amenable to quantitative statistical analysis and, therefore, are able to offer results that move from the descriptive and exploratory to the more explanatory and predictive.

However, the difficulty of this approach with regard to family adjustment and bilingual/ bicultural intervention, is that the situation is very unusual and very new. Test variables can be predetermined through the formation of working hypotheses, however, they may miss the point totally because not enough is known of what would be relevant in determining them in the first place. More exploratory groundwork would need to be done before a multivariate analysis approach could be considered.

6.4 Studies of Differing Approaches to Encouraging Language Through Early Intervention

6.4.1 Comparative Outcome Studies

A number of studies have attempted to understand the effects of particular approaches to early intervention from the point of view of their outcome results. The research design compares subjects (usually mother and child dyads) who have participated in one kind

of intervention approach with a matched group who have participated in another (Brasel and Quigley 1977; Greenberg 1980; Greenberg, Calderon and Kusche 1984; Meadow, Greenberg, Erting and Carmichael 1981; Van der Lem 1987). Subjects are then tested on various outcome measures usually connected with communicative and interactional quality and competence. From these comparisons, conclusions are drawn about the relative effectiveness of different intervention approaches.

While these studies are good at giving a general assessment of the effectiveness of intervention based on any particular model, they are less able and less interested in focusing on specific features of that model or details of the *process* of its application by parents, that may have contributed to the overall result.

6.4.2 Pre and Post Test Studies

A further group of studies does attempt to break down elements of the intervention itself and assess their significance and impact on users. These are studies which administer pre and post test measures to participants in the intervention programme, or post intervention measures in comparison with non intervention groups, (Bevilacqua and Novaes 1985; Hoffmeister and Shettle 1981; Luetke-Stahlman and Moeller 1990; Mohay 1992).

In the design of these studies, unlike those of the 'Comparative Outcome Studies', the interaction between specific aspects of the intervention approach and participants' reactions to it, are a legitimate focus of research concern. For example, Hoffmeister and Shettle (1981) discovered that the high attrition rate of parents mid-way through their programme, was connected with the sign intervention progressing from the acquisition of isolated sign vocabulary to expressive sign language skills. Moeller and Luetke-Stahlman (1990), having first carried out a detailed descriptive analysis of parents' production of SEE[1] were able to target specific features of the SEE model that parents either did not grasp or in which they had little skill and on which, therefore, the intervention should then focus (Luetke-Stahlman and Moeller 1990).

[1] Signing Exact English.

6.4.3 Participant Survey Studies

A much rarer group of studies, takes this area of features of the intervention and participant reaction one step further, in explicitly trying to discover why some parents may favour one kind of intervention over another. Nash (1975) presents a typology of parents and communication models, arising from the early intervention approaches they favour. Ritter-Brinton and Carrier (1992), Ritter-Brinton and Stewart (1992), surveyed parents involved in Signed English programmes to discern, why they favoured the approach and which elements of it prove the most useful for their family. In a retrospective study using a postal questionnaire, Kluwin and Gaustad (1991) collected information about why parents had developed one mode of communication rather than another in the family, relating the present reality back to their choice of early intervention, amongst other factors.

Research into early intervention on bilingual/ bicultural principles clearly must be interested ultimately in the outcome effectiveness for children and families, as in the Comparative Outcome Studies described. However, at this stage in the development of bilingual/ bicultural early intervention, both the arguments in its favour and scepticism about it centre on the challenges to parents' attitudes and beliefs the approach initiates and its radically different specifications with which parents are required to work. Its basic characteristic of being based on a cross linguistic, cross cultural model is one that has never been faced before either by families or indeed by agents of intervention. These conditions would, therefore, indicate a research design more akin to that of the pre and post test studies or the participant survey studies. It would allow for a focus on the fine detail of the intervention, the model on which it draws and the process of its application, not just its outcome.

6. 5 Summary

This review of research design in the fields of family adjustment, approaches to language intervention and their consideration in the light of the circumstances prompting the research questions, suggests initially a strongly qualitative approach (Marshall and Rossman 1989). A semi structured interview procedure (Cohen and

Mannion 1980), in which respondents are guided to discuss their own experiences, from their own point of view (Gregory 1976; 1991; Walsh 1987), would fulfil the conditions of the research design as: non comparative; focused on the complex processes of interaction between family features and intervention informed by a bilingual/ bicultural model; and of variables not being predetermined but rather discovered from the context in which the intervention is seeking to operate. It would allow for a concentration on attitudes and beliefs as well as behaviours, in families' implementation and interaction with a bilingual/ bicultural approach to intervention.

Furthermore, the semi-structured interview technique is particularly valuable where the nature of the issues under research are highly sensitive. Concerns of adjustment and intervention, particularly in the early years of a child's deafness, are likely to prove distressing and painful (Fletcher 1987; Paget 1983; Robinson 1987). A flexible, one to one approach, allows the researcher to tune in to the respondent's emotions and point of view. It enables the avoidance, or reduction in emphasis, of certain areas of enquiry should they prove to be too distressing for the respondent (Qureshi 1992). This empathic relationship that is built up in the course of the interview also tends to facilitate a greater depth of information from the respondent than would be achieved either through a fixed structure interview or a written questionnaire (Meadow-Orlans 1990). [Study One, c.f. Sec 6.7 is based largely on lengthy semi-structured interviews.]

Data from detailed interview studies, although able to stand on their own (Furneaux 1988), can also be used as a resource for the construction of more targeted data collection procedures. Meadow-Orlans (1990) used data from four previous interview studies to construct the items for a detailed questionnaire on 'The Impact of Child Hearing Loss on the Family'. Using an interview procedure first, assures the saliency of questionnaire items and strengthens the validity of the subsequent studies. This developmental, instrument building combination of qualitative and quantitative methodology (Brannen 1992), is distinct from the more common practice in Deaf Studies of short interviews being combined with more quantitative test or experimental data simply to provide background information to help in the interpretation of the quantitative results (Greenberg et al 1984; Hadidan and Rose 1991; Meadow 1969;

Spencer 1993). [In this research project, interview data from the initial study was used in this way to develop a second study based on a written questionnaire, c.f. Sec 6.8]

6.6 Deaf People's Conceptual Framework

As reviewed (c.f. Chs 4, 5), the bilingual/ bicultural model is strongly founded on a renegotiation of meaning, namely deafness becomes a socio-linguistic, culturally defined construct, whose definition is evinced through the social interaction of those who are 'Deaf'. Deaf people claim a cultural identity that brings with it perceptions, ways of understanding, interpreting and defining behaviours and attitudes that are distinct from the majority hearing culture. Therefore, in the practice of early intervention with hearing families informed by this model, cross linguistic and cross cultural issues are strongly present.

These conditions suggest the relevance of a research design that draws on the tradition of phenomenological and symbolic interaction research.

Phenomenologists primarily do not assume that they know what things mean to the people they are studying (Bogdan and Biklen 1992, p. 33). Rather the emphasis is on the uncovering of the perspectives of the group being studied (Borg and Gall 1989, p. 389) in an attempt to understand both how and what meaning group members construct around the events of their lives (Bogdan and Biklen 1992, p. 33). Symbolic interactionist share these concerns but also emphasise that human experience is mediated by interpretation. That is to say, events, objects, people, and situations do not possess of themselves their own meaning, but rather "meaning is conferred on them" (Bogdan and Biklen 1992, p. 36). In effect meaning is a product of negotiation that occurs through social interaction and context.

An adoption of a research method drawing on this tradition would have some clear advantages with regard to the questions to be investigated. Firstly, it would address the condition that there are distinctly different social and cultural understandings at work between deaf and hearing people involved in bilingual/ bicultural early intervention, be they as service providers or recipients. The nature of

these differences and their influence are not necessarily clear nor well understood. However they are present and require accounting for.

Secondly, in collecting data from any minority linguistic and cultural group with the aim of capturing the perspective and concerns of that group, there is a problem in avoiding the imposition of majority group concepts in the interpretation of the data. This is a particularly pertinent concern, with regard to deaf people involved in the kind of intervention under study, where the imbalance of power and value between languages and the claim by one culture of having suffered a history of active oppression by the other (c.f. Ch 4), partly drives the model on which it is based.

Approaches to data collection and analysis that draw on the principles of phenomenology and symbolic interaction are helpful in this respect in that they presume a culture to be first and foremost, self defining (Spradley 1979). Therefore, it is from the terms the respondents use themselves, their observations, descriptions and behaviours that elements of their cultural paradigm is defined, without reference to any other interpretive framework.

Thirdly, a concern to reconstruct the perspectives of deaf people and minimise the imposition of any other perspective on theirs is highly appropriate to a subject area where whose perspective and whose priority is at the heart of the debate concerning the bilingual/ bicultural model anyway.

Finally, the possibility for comparison and contrast between hearing and deaf respondents that is opened up through a phenomenological approach, is likely to be very valuable given the relative newness of bilingual/ bicultural early intervention. It is an area where there is only a sketchy understanding of significant variables in relation to outcomes and where new ideas, theoretical constructs and behavioural demands are at work. An inductive approach to data analysis that is able to use such comparison is likely to produce highly complex and relevant findings (Borg and Gall 1989, p. 408).

[In Study One, semi-structured qualitative interviews were used and data was analysed inductively using ethnographic content analysis and using the conceptual categories generated by respondents themselves c.f. Sec 6.7]

INSTRUMENTATION

Research was carried out through means of two linked studies over an 18 month period.

6.7 Study One - (March - July 1993)

6.7.1 Aims

The aims of Study One were:

(i) To establish a range of significant variables in family responses to early intervention programmes which draw on bilingual/ bicultural principles

(ii) To define bilingual/ bicultural practice as used by both deaf and hearing professionals involved in the delivery of the intervention to families

6.7.2 Procedure

To these ends a substantive study was set up of one current "bilingual/ bicultural" early intervention programme. It is not assumed that one particular programme chosen is itself necessarily representative of all bilingual/ bicultural early intervention programmes. However, it is assumed that it is possible to choose a programme where "there is a high probability that a rich mix of many of the processes, people, programs, interactions and/ or situations that may be part of the research question will be present" (Marshall and Rossman 1989 p.54). A programme was, therefore, sought that met the criteria:

(i) That the programme should be explicitly bilingual/ bicultural in its aims and that families participating are routinely made aware of this

(ii) That participating families are a cross section of those likely to be involved. (i.e. that it is not an exclusive programme offered to particular categories of parents)

(iii) That deaf people are involved in its implementation

(iv) That the programme is current, rather than one retrospectively reviewed

(v) That the programme is not a brand new one, so that participants have had time for some reflection and for start up difficulties to have been ironed out

6.7.3 Description of Intervention Programme

A suitable programme meeting these criteria was identified. It had been set up three years previously as a joint venture between a University Centre and a Local Education Authority.

Under this programme, families continue to receive regular visits from the peripatetic pre-school teaching service from diagnosis until the entry of the child into infant school. Teachers provide parents with advice on strategies for communication, help parents to understand the implications of deafness, provide counselling support for the family following diagnosis and provide information and liaison for parents between the various audiological, educational and social services to which they can have access.

However, in addition families receive weekly visits from deaf home visitors, referred to as "Deaf Consultants". All Deaf Consultants are BSL users, parents themselves, and have received a short course of training at the University. With the aid of specially prepared written and video materials (Kyle and Sutherland 1993), the Deaf Consultants aim to provide parents with some instruction in BSL - from pre-language behaviours such as touch and attention getting and directing, through to BSL vocabulary and grammar. In addition the Deaf Consultants aim to act as role models for parents who are able to gain some understanding of the real lives of deaf adults and their concerns and experiences, through getting to know their own particular Deaf Consultant.

Parents and children also have the opportunity for weekly contact with each other at a pre-school nursery group one morning per week. During this time parents are able to leave their children in a creche where both BSL and spoken English is used and

follow either a further programme of BSL teaching (given by a deaf teacher) or a programme of lectures and information which focus more on an oral/ aural approach to their child's development.

6.7.4 Gaining Access to the Project

The researcher was initially able to gain access to the project through the University department. She then made contact with parents through the pre-school specialist nursery most of them attended. She became known there, so when parents were asked if they were willing to participate in a research study, they felt confident they knew something of the researcher. Formal meetings were held with the pre-school teachers to explain the purpose of the research and elicit their co-operation. The researcher was introduced to the deaf people involved in the project through their co-ordinator and participated in some of their regular meetings.

The researcher also immersed herself in other aspects of the pre-school service to hearing families with a deaf child in that area. She participated in multi disciplinary service development meetings, participated in training for a series of bilingual/ bicultural 'Saturday Schools' and took part in 'Summer Schools' for families.

Thus, the researcher became well known and trust was built up between her and those involved in the bilingual/ bicultural early intervention service. It was hoped in this way that interviews would contain more frank and relaxed exchanges which would improve the quality of the data collected. This indeed proved to be the case.

6.7.5 Subjects

Twenty four people participated in Study One. The respondents comprised of parents/ carers, pre-school teachers and Deaf Consultants.

Parents/ Carers

Twelve parents/ carers were interviewed. Of these, nine were mothers, two fathers and one a grandmother who was a principal carer. These twelve respondents represent a sample of nine deaf children, as the two fathers and grandmother cared for the same child as each of one of the mothers. Of the parents/ carers, seven were married and five were single parents.

All the children of this group of respondents were severely or profoundly deaf, as described by the parents/ carers and confirmed by the pre-school teaching service. Of the nine children, two had additional handicaps. One child was physically handicapped as a result of cerebral palsy, the other was physically and also possibly mentally handicapped as a result of cytomeglavirus. It was too early to tell, in both cases, the extent of these handicaps. (Of the twelve respondents, three were associated with these children with additional needs). The average age of the children at the time of interview was 27 months (range: 20 months to 32 months).

Of the parents/ carers, six assessed their family income to be less than £5,000 per annum, 4 to be between £5,000 and £15,000 and 2 to be over £25,000 per annum. English was the only spoken language used at home by all families.

At time of interview, all families had experience of a Deaf Consultant visiting their home for at least the first 6 week period on offer to them. Four respondents had a Deaf Consultant for a following 6 week block of visits and two respondents had experience of having had three 6 week blocks of visits. All respondents were receiving regular weekly or fortnightly contact with a pre-school teacher and this had been the case since immediately after the child's diagnosis.

Teachers

Six peripatetic pre-school teachers were interviewed. This constituted the full "Early Years Team". Two of the respondents worked full time, the rest worked part time. All teachers were hearing. They had worked with deaf children for an average of 14.4 years, however there was a huge range within this from 2.5 years to 30 years experience.

In addition to their work with severely and profoundly deaf children, the team was also responsible for children with less severe losses and for children with conductive hearing losses.

All teachers were familiar with the Deaf Home Visiting Project and routinely worked with the same families who had a Deaf Consultant. Four out of the six had been in their current post since the inception of the Project three years ago, the other two had joined shortly afterwards. However, the amount of experience the teachers had of the Project varied considerably. One teacher had worked with only one family receiving home visits from a Deaf Consultant, another had lost count of how many families she had been involved with who also were visited by a deaf consultant. The average experience was 10 families.

None of the teachers' professional training had included BSL or had been concerned with deaf children from a bilingual/ bicultural point of view. All teachers now were attempting to learn BSL and all expressed dissatisfaction with their level of proficiency. Asked to estimate this on a scale of 1 (very poor) to 5 (very proficient), three teachers rated themselves as 1; two teachers as 2; and one teacher as 3.

Deaf Consultants

Six Deaf Consultants were interviewed. All were parents (mothers) themselves and all had hearing children, although one had a deaf child as well. They had all completed the training course offered by the University in conjunction with the pre-school teaching service.

They had considerable experience of working with the Deaf Home Visiting service. Four out of six had been involved for 3 years since the service began, although one had worked in it for 2 years and another for only 12 months. The average number of families worked with was 7.5 (range: 2 to13).

Five out of six Consultants came from hearing families, the other had deaf parents. Of those from hearing families, only one reported that her parents used any

signing at home when she was growing up, the rest described their home environment as speech only. In the case of the Consultant with deaf parents, BSL was the language of the home when she was growing up. All Consultants were now BSL users. Those from hearing families described having learned BSL from friends at school or later on in life when they had become involved with the Deaf community.

Although all Consultants were BSL users they also used other forms of communication in their everyday lives, dependent on situation, such as speech, speech in combination with signs and writing things down, although with one exception, the overall picture was of the Consultants primarily being BSL users.

6.7.6 Procedure

Members of all three participating groups in the intervention: the parents, the Deaf Consultants and the teachers were interviewed separately. A semi structured interview approach, augmented with some Likert type response scales, was used. Although the interview schedules for the three groups covered the same areas, they were not identical in format, in recognition of the personal/ professional and linguistic/ cultural differences between respondents and their respective roles in the intervention programme. The actual interview schedules are included in Appendix 1, however below is a conceptual scheme illustrating the areas of similarity and difference between interviews in the three groups [Table 6.1].

	Parents	Teachers	Deaf Consultants
Background	Family Constitution Income Education Deaf Child	Training Professional history	Birth family Current family Employment Qualifications/experience Communication profile
Families and Adjustment	Early history Affective reactions New experiences/stress Family relations Behaviour (change, continuity)	Definitions of adjustment Observations of variation How BSL/Deaf people influence the process	Observations of family reactions Reflection on own childhood family experiences
Intervention	Support services used Assessment of relative effectiveness Family change, family continuity	Job description Communication Strategies and Skills	Reasons for involvement in project
Deaf Home Visiting Project	What happens in home visits Aims of the project Feelings about the project *Effects in the family*	What the Deaf Consultants do Aims of the project Family Reactions Working together with Deaf people Assessment of effectiveness	Description of work in the home Aims of the project Family reactions Working together with teachers Assessment of effectiveness
BSL Deaf culture	Attitudes to disability/attitudes to deafness Contact experiences with Deaf adults Use of sign and use of voice What is Deaf culture/Deaf community	Family use of BSL in practice Family reaction to Deaf adult contact What is Deaf culture/Deaf community Relationship between famillies and Deaf community/Deaf culture	Characteristics of parents' communication in practice Family reactions to Deaf adult contact What is Deaf culture/Deaf community

Table 6.1 Study One: Comparative Structure of Interview Schedules

The interview schedules to teachers and parents were tried out with two hearing people who worked in the field of deafness, but who were not parents of a deaf child. As a result, some modifications were made to the wording of the questions for reasons of clarity and the overall number of questions was reduced. The translation of the Deaf Consultant interview into BSL was made by the researcher with the assistance of a deaf BSL user and a standard version in BSL was video recorded for reference.

Parents and teachers were interviewed in spoken English and Deaf Consultants in BSL. The scaled tests were completed in written English by the teachers and parents and were administered in translation (BSL) for the Deaf Consultants.

Spoken interviews were audio tape recorded and signed interviews were video recorded. All interviews were carried out by the researcher and lasted between 1, and 2 and a half hours, depending on the pace of the respondent and the amount of elaboration s/he offered.

As had been envisaged in using a semi-structured approach, the order of questions during the interview varied greatly as a result of the interaction with the respondent. While the guiding interview schedule cleanly separated areas of investigation, these were routinely mixed in responses, so for example, a parent while responding to a question concerning stress may also comment on the difference her Deaf Consultant has made to her experience of that stress. Furthermore, it became clear almost immediately that the supplementary Likert type elements of the parents' interview were not liked by them.

The problem was the contrast between the rating scales and the style of the rest of the interview. The interviews generally elicited very subtle, lengthy and at times highly emotional responses. The predicted effectiveness of this approach to data collection, given the nature of the topic and respondents, proved correct. However, in sharp contrast the rating scales were felt by the same parents to be very crude, even insulting and unable to capture the individuality of their experience. Ironically, this reaction probably occurred because of how successful the interviews had been at engaging the parents in the first place. Consequently, some parents simply objected to filling in the rating scales, others only did so partially. They were, therefore, abandoned

from the standard interview procedure after the first five interviews and any data that had been collected from them was not used in the final analysis.

6.7.7 Analysis

Spoken interviews were transcribed and signed interviews were translated into written English. Data from all interviews were analysed using ethnographic content analysis (Altheide 1987, Borg and Gall 1989). A computerised "search and retrieve" programme (Fielding and Lee 1991), 'The Ethnograph' (Seidel and Clark 1984) was then used for the mechanical tasks (Seidel, Kjolseth and Seymour 1988) involved in the coding and sorting of segments of data to facilitate the process of interpretation. [An example of the coded printout from this programme is given in Appendix 3; coding categories developed are listed in Appendix 2]

6.8 Study Two - (February - April 1994)

6.8.1 Aims

The aims of Study Two were, using the results from Study One:

(i) To gather more data on areas now identified as significant as a result of Study One but where there was *insufficient data* so far

(ii) To test the strength and significance of key variables derived from Study One

(iii) Assess the degree of generalisability of the findings of Study One, through procedures (i) and (ii) and through their application within a different (hearing) cultural context.

[For a discussion of the issues chosen c.f. Chapter 8.]

Study Two, therefore, was not a comparative study, but rather one that sought clarification of the findings of Study One.

6.8.2 Procedure

A second substantive study was set up of another "bilingual/ bicultural" early intervention programme. The requirements for the choice of the programme, were:

(i) That it was comparable with that of Study One

(ii) That it was nonetheless sufficiently different to lead one to expect a challenge to the data produced from Study One

Comparability was assured by choosing a programme that met the same selection criteria that had been established for Study One (Sec 6.4.2). Sufficient difference and challenge was assured by choosing an early intervention programme operating in another country. The advantages, in this respect, of the Study Two programme being outside the UK were:

(i) A difference in the social and cultural context. Models of family adjustment are inevitably culturally bound. There will also be variations in the social meaning and implications of deafness between societies. Although deaf people themselves between societies may share common bonds of experience attendant on their deafness, their histories will vary between countries depending upon the social traditions and policies of those countries.

Variations in social/ cultural context are particularly pertinent to research that is concerned with the adoption of dual language/ culture and the frame of reference families have to make sense of the demands of such an approach.

(ii) A difference in the structural context of services to deaf children and their families. Variations in the development of social policies in another country would lead one to expect a different tradition of service delivery generally and particularly to deaf children and their families. In Study One, for example, the model of service delivery was one of individual attention delivered in the home by peripatetic teaching staff and Deaf Consultants. Alternative models may place a greater emphasis on, for example, communal services delivered in specialised centres.

Other services are likely also to have interpreted the implementation of early intervention on bilingual/ bicultural principles differently. Therefore, one would expect variations in practice, for example, in how deaf people may be employed.

6.8.3 Description of the Intervention Programme

A suitable programme was identified in the Netherlands and the researcher secured a European Community Research Fellowship in order to fund study there[1]. The programme offers parents an extensive mixture of counselling, family guidance (gezinsbegeleiding) and communication training, both in oral/ aural strategies and in NGT (Dutch Sign Language)[2]. It is run by an independent Foundation that is supported by the state as the provider of the service to families within a given area of the Netherlands. The early family guidance occurs in the home, progressing to regular parent group sessions at the Foundation. The NGT and Deaf cultural input is provided by deaf people working for the Foundation. Parents receive a two hour evening session every fortnight for which they come to the Foundation. This is supplemented with occasional residential weekends away.

The Foundation has a long history of providing early intervention programmes to hearing parents and deaf children (Van der Lem 1983). Until the early 1990s, these were on a Total Communication model (Komva 1989; Van der Lem 1987) and represented a pioneering a break from the dominance of oral/ aural only methods in The Netherlands (van Uden 1968). However, more recently, the Foundation has changed its early intervention approach to one that is based on a bilingual/ bicultural model.

6.8.4 Gaining Access To The Project

The researcher was initially introduced to the Foundation through The University of Amsterdam, Institute for General Linguistics. She gained the co-operation of the

[1] Under the European Union Human Capital and Mobility scheme.

[2] Throughout this thesis the term NGT (Nederlands Gebarentaal) will be used rather than SLN (Sign Language of the Netherlands). It is preferred because it is the term used by the deaf people the researcher met and by the parents who were involved in the study.

directors of the intervention programme and subsequently met with groups of parents to introduce herself and explain the aims of the research project.

6.8.5 Development of the Research Instrument

A written questionnaire for parents was devised consisting mainly of multiple choice questions and Likert-type scale tests, with the addition of some open questions (Appendix 4,5). This format for research instrument was favoured because:

(i) The limited nature of the researcher's skills in Dutch precluded the possibility of extended interviewing in person

(ii) Study One had provided enough salient material to ensure a specifically targeted multiple choice format and enable the construction of highly relevant quantitative scales

(iii) A written questionnaire offered the opportunity to reach a greater number of respondents over a wide range of topic areas, than semi-structured interviews would allow for within the same time/ money research resources (Boison 1987; Brannen 1992; Meadow-Orlans 1990)

The parent questionnaire, in draft form, was discussed with staff from the Foundation with regard to:

(i) its appropriateness to the parents and the programme (given the cultural differences)

(ii) whether the parents would be able to manage such a lengthy questionnaire

(iii) suggestions Foundation staff may have about the construction of some questions

The questionnaire was similarly checked by two research staff at the University of Amsterdam and one at the University of Bristol. Finally, it was read by someone

outside the field of Deaf Studies for comments on the clarity of the format of the questions.

The questionnaire was translated into Dutch by a Dutch/ English bilingual working in the field of Deaf Studies and therefore, familiar with the appropriate language and subtlety of expression required. The translation was independently checked by another Dutch/ English bilingual working in the field of child language research, but not deafness. Finally staff from the Foundation read the translated version before it was given to parents.

6.8.6 Construction of the Questions

The full text of the questionnaire in Dutch and English is available in Appendix 4,5. However, of particular interest is the construction of the sections concerning parents' understanding of bilingualism in the deaf context, their expectations of its practice implications for them and their actual language behaviour in the home - three of the areas identified from Study One of being of particular significance.

Starting from the proposition that what it is to be bilingual is open to multiple definition both generally and also in the deaf context (Davies 1991; Drasgow 1993; Kyle 1993; Kannapell 1980), key parameters variously used to define a bilingual were isolated from the literature on bilingual upbringing and bilingual communication. In addition, some issues specific to bilingualism in the context of deaf children were identified. These were used to structure questions to parents. The key parameters chosen from the literature relevant to a definition of what it is to be bilingual were:

(i) *Dimensional* - reading, writing, comprehension and expression (Baker 1993)

(ii) *Active/ passive* - variations between understanding and expression across languages (Arnberg 1987)

(iii) *Functional* (choice/ preference) use of different forms of language in different contexts, with different interlocutors and for different aims (Martin-Jones 1989)

(iv) *Competence/ fluency/ proficiency* - the extent of mastery of each language considered to be desirable or necessary (Appel and Muysken 1988)

(v) *Sequential/ simultaneous* - timing of the acquisition of the languages (Beardsmore 1986; de Jong 1988)

(vi) *Transitional/ compensatory* - the degree to and circumstances in which one language provides the means to the other and is subsequently retained or lost (Grosjean 1982)

(vii) *Status* - estimation of the language's social and strategic value made by the individual or institutionalised within social structures (Grosjean 1982)

From the literature on bilingualism in the deaf context, the key issues isolated were:

(i) *Speech as skill or language.* Learning to speak has, historically, been conflated with acquisition of language. It may be regarded instead as an optional 'skill' that may or may not be acquired in addition to multiple language use (Johnson, Liddel and Erting 1989)

(ii) *Modality or language* - two languages employing two separate modalities give a potential for simultaneous/ mixed communication that is not present in spoken language bilingualism (Kannapell 1980; Gallaway and Woll 1994). Bimodality has been connected with deletions in the linguistic content of the two languages if attempts are made at their simultaneous production (c.f. Sec 2.3.3).

(iii) *Literacy and Sign Language* - Deaf children have difficulties in acquiring a grasp of the written grammar of the spoken language. Sign language may be regarded either as contributory to this outcome or facilitative of an improvement in this outcome (Gregory 1995a).

From these bilingual parameters and deaf specific issues, a series of multiple choice questions were constructed aimed at establishing a profile of parents' understanding, assumptions and expectations concerning bilingualism and their deaf child.

In addition Likert-type scaled questions were used for the assessment of parents' actual language practice at home all items of which were generated by Study One.

6.8.7 Subjects

Forty seven parents received questionnaires, of which thirty seven were returned (response rate = 79%). However, of these, four parents were excluded from the sample as their children have additional handicaps. It was decided that for this type of study, which was basically quantitative and closely focused, the extra considerations likely to be involved for these parents in the care of their child, could skew the overall sample results.

Of the thirty three remaining parents a further three were excluded because of the unexpected possibilities for analysis raised by the sample. The thirty parents that were left in effect constituted fifteen couples. Working with this data set would therefore, allow, for comparative analyses to be carried out not just between mothers and fathers as individuals, but also between mothers and fathers as couples. As such this was a very unusual data set to have concerning parents and early intervention.

All parents in the final sample were hearing. All parents were married, there were no single parents. Five families reported their income to be "above average", nine as "average" and one considered themselves to have a "below average" income.[3] In all cases, Dutch was the only spoken language used at home.

The average age of the deaf children at the time of their parents' interview, was 37.9 months with the range between 18 and 64 months. Six of the children were severely deaf and 9 profoundly deaf (as reported by parents).[4] Parents had been

[3] The researcher was advised that it would not be appropriate practice in The Netherlands to ask about parents' income in terms of ranges of wages, as in Study One. Ratherr the below average, average, above average format should be used to avoid offence.

[4] Two of the families had a second deaf child, however for the purposes of the questionnaire the parents were asked to respond in the case of their youngest deaf child.

involved in the early intervention programme for an average of 20.8 months, with the range between 5 and 48 months.

6.8.8 Procedure

The questionnaire was administered during one of the regular evening communication sessions parents attended as part of their programme. Parents completed it individually and without discussion, but while sitting within the group. It is therefore, possible to claim a high degree of independence in the data derived from couples. The communality of the exercise and peer pressure to complete it, despite its degree of difficulty, aided the process. It took on average one and a half hours to complete.

6.8.9 Analysis

The quantitative data from multiple choice and scaled questions was initially analysed through the SPSS programme [c.f. Appendix 6] (Nie, Hull, Jenkins, Steinbrenner and Bent 1975; Nourusis 1990) and additional analyses were carried out by hand. It became clear during this process that some questions were ambiguous and misleading in ways that had not been foreseen. For example, the questions that asked parents to consider how they 'felt' whilst using NGT (Qu 3.17) with their child, confused affective response with self assessments of competence. On such grounds, around a quarter of the questions were excluded from the final analysis of findings.

Parents written responses to open questions were copied from the original questionnaires and checked by a Dutch native speaker for errors in the transcription of the handwriting. The responses were then jointly translated by the researcher in co-operation with a Dutch/ English bilingual, working in the field of language acquisition. The standard of the translations was further checked by another Dutch/ English bilingual and commented on by staff at the Foundation.

6.9 Limitations, Validity and Generalisabilty

6.9.1 Languages and Limitations

Studies One and Two collectively have been carried out in three if not four languages (BSL, English, Dutch, NGT[5]). Working across languages presents problems not just of accurate translation but also of interpretation. It is rarely possible to understand the full significance and range of meaning of some words and expressions within a language that is not one's first language. In Study One this difficulty was not particularly apparent because of the researcher's fluency in BSL, familiarity with Deaf culture and the possibility of easily checking out meanings and interpretations with deaf colleagues if a difficulty arose.

Study Two, however, was more difficult because the researcher was working in a language in which she had a limited ability and in a totally unfamiliar (hearing) culture. As already noted, a written Dutch questionnaire, amenable to largely quantitative analysis was used, partly in response to these circumstances (Sec 6.8). However, in the analysis and presentation of findings some difficulties nonetheless arose. It was necessary to be very careful to match the language used to present findings in English with that in which the question had been framed in Dutch. For example, if discussing parents' expectations, did the Dutch question actually use the verb 'to expect' (verwachten)? While such checking is clearly good practice in any research, it becomes a little more problematic between two languages.

There were also some additional written comments made by parents to the Dutch questionnaire. Although they were translated into English, their meaning was not necessarily familiar. For example, in the case of "op" which literally translated means "on", but in common usage with infants means "all gone" or "finished".

Therefore, in interpreting the findings from Study Two and considering their significance in relation to Study One, analysis has erred on the side of caution. Despite the assistance of Dutch native speakers at all stages of this project, there are bound to be

[5] Although NGT was not used in the research instrument in Study Two, the researcher used it in consultation with a deaf colleague in the planning of the questionnaire. The researcher also passed her preliminary examination in NGT.

some culturally shared meanings that are missed and weaknesses or strengths in expression that have not been appreciated.

6.9.2 Validity and Generalisability of Findings

Within the field of qualitative research, there is considerable debate concerning how to assess the validity of findings. Validity, generally understood as: "the trustworthiness of inferences drawn from data" (Eisenhart and Howe 1992, p. 644), is a concept conventionally derived form quantitative research, largely experimental in nature. Therefore, traditional understandings of validity are not straighforwardly applicable. For example, validity as the credibility of inferences that specific experimental treatments cause specific effects under certain well defined and controlled circumstances (Eisenhart and Howe 1992), or that the findings of a study are generalisable to other settings and subjects beyond those specifically investigated (Bogdan and Biklen 1992).

Qualitative research theory has responded to this problem in a variety of ways ranging from outright rejection of such conventional standards of validity, their adaptation to meet the naturalistic and inductive nature of qualitative research, or through differentiation between general and design specific standards of validity (c.f. Eisenhart and Howe 1992, for full review of the literature). It is necessary, therefore, in the case of this research project to outline the sources and limits of the validity claimed and the nature of the generalisability of findings that is argued.

Validity

(i) With regard to Study One, there is a very close fit between the demands of the research questions within a bilingual/ bicultural framework, the data collection procedures and the analysis techniques. In particular the concepts used to analyse the data were generated by the respondents themselves and close attention was paid to

similarities and discrepancies in these across groups, in the process of drawing inferences (c.f. Ch 7).

(ii) Support for the inferences from Study One and their development was advanced through their investigation in another setting with different subjects.

(iii) With regard to Study Two and the investigation of intra-couple response, the conditions of data collection allow for a high degree of confidence that the samples are independent in that couples did not discuss their answers with each other.

Counter indicators to these strengths in validity are:

(i) Although ethnographic principles were followed in both procedures of data collection and data analysis with regard to the deaf subjects in Study One, the researcher is nonetheless not deaf herself. Therefore, the full extent of cultural and conceptual meanings used by respondents was not necessarily appreciated.

(ii) Although some of the inferences from Study One were tested through the procedure of Study Two, it was not possible to do so with all findings. In particular, it was judged that those related closely to family adjustment, if advanced in Study Two, would require for their interpretation, a cultural knowledge of Dutch families, traditions and roles that was not possessed by the researcher.

(iii) There was not the opportunity[6] to pilot the Dutch questionnaire except in the limited way described (c.f. Sec 6.8). If this had occurred, it would have been possible to cut down the length of the questionnaire.

Generalisability

(i) A conventional standard of generalisability, namely that the findings should be replicable across all subjects and settings, (in this case of bilingual /bicultural early intervention), is not claimed. It is, however, assumed that given the issues of validity discussed above, the findings are likely to be highly pertinent to any bilingual/ bicultural

[6] The length of the researcher's fellowship in the Netherlands was only 6 months.

intervention programme. Their generalisability to any particular programme thus becomes the subject of empirical research in that particular setting (Bogdan and Biklen 1992).

(ii) Assessing generalisability by conventional standards derived from quantitative research is also difficult to claim because it is evident that the practice of early intervention on bilingual /bicultural principles is at an evolutionary stage. In effect Studies One and Two are like a snapshot taken at the time, the programmes themselves, however, have not stood still.

For example, in the two years since Study One, that programme has made some substantial changes to its service, in extending the breadth of training available to the Deaf Consultants, in improving the teachers' sign language skills, in the development of new materials and in improved liaison and 'team' meetings between the teachers and deaf consultants.

The research findings of this thesis and their implications contribute to this on going evolutionary process through their dissemination generally and with particular reference to the programmes studied. Indeed there has been the opportunity for the researcher to feedback to parents, teachers and Deaf Consultants her findings in an ongoing process of reflection and debate.

A standard of generalisabilty is, therefore, assumed more akin to a process in which findings go on to gain their credibility or denial through their consideration and practice by others.

6.10 Conclusion

All data was successfully collected within the timetable of the two studies. The findings from each will now be reported in Chapters 7 and 9.

CHAPTER SEVEN: FINDINGS - STUDY ONE

This Chapter will present the findings from Study One. In the course of doing so, some quotations from respondents will be used. These are examples of the issue under discussion and not an exhaustive compilation of all comments made in reference to the given issue. Quotations will be followed by the code used to distinguish each respondent.

7.1 Introduction

The Ethnographic Content Analysis of the interviews isolated the themes, concerns and conceptual categories used by each of the three groups of respondents. These in turn were compared and contrasted between the teachers, Deaf Consultants and parents (Sec 6.7.7). The focus of this comparison was not, therefore, to identify individual differences in experience of the individual respondents, but rather, at a conceptual level, to identify characteristic group perspectives. As a result of this procedure, four key issues emerged, some of which are sub-divided. These will be presented in turn.

Issue One, BSL The New Language:

- Early introduction of BSL and the parent/ child relationship
- Parents learning and using BSL
- Expectations of proficiency and definitions of parents' signed communication
- The development of two languages within a bilingual model

Issue Two, Family Adjustment:

- 'Childness' and deafness
- Deafness - parents' search for a world of their child.

Issue Three, The Implementation of the Intervention:

- Communication between the Deaf Consultant and parent
- Hearing and deaf people working together - the teachers and the Deaf Consultants
- Fathers and siblings.

Issue Four, Deaf culture and the Deaf community[1].

7.2 Issue One: BSL the New Language

In the following discussion of various issues connected with BSL, both the terms "BSL" and "sign language" (signing) are used. This is not an ambiguity in the text, but is faithful to the shifting terminology used by the respondents. It is not the case that the Deaf Consultants, parents, nor the teachers consistently referred to "BSL" or to "sign language", nor is it the case that the two were necessarily interchangeable. As will become clear, how to describe and what to label parents' signed production was itself a key issue. The use of "BSL", or "sign language" (signing) also emerged as important in marking differences in intent and emphasis amongst respondents, particularly with regard to the basis on which parents' reactions to the intervention were understood. These features will be pointed out and clarified as the issues are presented.

7.2.1 Early Introduction of BSL and the Parent/ Child Relationship

The effect of the introduction of BSL on the relationship between parent and child, particularly with regard to the effect on parents' 'confidence' and 'comfort', emerged as a central concern. However, interpretation of the interconnections between these three

[1] Upper case 'D' is used for 'Deaf community' and 'Deaf culture' in this Chapter in the usual way in accordance with the meaning specified in Sec 4.4.5. However, in direct quotations from respondents in this Chapter, lower case 'd' is used. This difference is made because it is not necessarily possible to attribute the semantic significance of 'D' to all comments made by all respondents. Furthermore, it was considered that to make a judgement about when a respondent might have intended 'Deaf' rather than 'deaf' would have been a largely arbitrary exercise. Therefore, for consistency, small case 'd' was used for all direct quotations.

factors: parent/ child relationship; introduction of BSL; confidence/ comfort, varied considerably between the three groups of respondents.

7.2.2 Deaf Consultants

To the Deaf Consultants, parents' use of BSL was considered vital in the development of a strong and close relationship between parent and child. There was an assumption that such a relationship was going to be problematic because the child was deaf and the parents were hearing. However, BSL was considered the most important means of forming the bond between parent and child.

In the description of the bond, the affective element, ("the emotional link") and the communicative element (parents' signing) were considered to be so closely intertwined as to be almost synonymous. Indeed, one of the Deaf Consultants' pressing concerns in discussion of fathers' poor involvement in learning to sign (Sec 7.10), was that the fathers would never form such a bond with their child.

Two factors were consistently mentioned as important in how and why parents' use of BSL should have such a beneficial effect on their relationship with their child. Firstly, and primarily, the Deaf Consultants argued that sign language was vital to the child's cognitive and social development - "the child will learn and its mind will grow" (010). Therefore, it was assumed that if parents used BSL with their deaf child they were giving the child the opportunity to reach his/ her full potential and themselves the chance to participate in the child's natural development. One Consultant thoughtfully contrasted the potential of such a relationship with that which she had experienced with her parents:

> They're [the deaf children in the programme] luckier than we were. We wished to have the same as them before. It's too late for us now. We are slow at learning, we have slow development. They are clever. If the mother and father teach them, they will be bright. They will grow up clever. They're lucky now. Clever, that's not me. No, I'm slow. (020)[2]

[2] The quotations from the Deaf Consultants are not translations into standard English. It was decided to render the Deaf Consultants' comments in this way in order to have the best chance of capturing the directness, incisiveness and feeling in their comments. The non standard English grammar of these quotations

Secondly, Deaf Consultants advocated the use of BSL for its positive effects on parents' "confidence". Confidence was used in a variety of senses by the Consultants with regard to parents, but the main meanings concerned parents' loss of confidence in their parenting skills because their child was deaf and the need for parents to have confidence in order to be able to communicate with their deaf child. BSL was seen as the most likely route to both. Given that for the deaf child, BSL was going to be the easiest means of communication and development, in the Consultants' opinion, if parents used it they were going to receive positive feedback from the child's responses and grow confident through reciprocal communication. In short:

> The parents must use sign then the child signs then there's contact between the two, both sign with each other, there's a link. Then the child's signing will improve and the mother will grow confident also. (010)

Although the Deaf Consultants were very clear that BSL was the fundamental route to overcoming problems of confidence, they were not insensitive to the fact that it may be necessary to build up parents' confidence in other ways also for them to be able to start to sign. Those parents who did not engage in the task of learning and using BSL, were invariably designated as those who lacked confidence.

Consequently, the Consultants considered they had a central role in building up parents' confidence so that they would learn and use BSL with their child. However, while acknowledging that there was a certain tautology in their argument - parents need confidence, BSL is the way to confidence, but parents may not be confident enough to begin to sign - in no instance was it suggested that signing could be detrimental to parents' confidence. On the contrary, it remained the basic pathway to be travelled in achieving that confidence.

Finally, the Consultants made the point that BSL is likely to be an important language in the child's future. Therefore, if parents wish to remain in close contact with the

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does not represent any inability on the Deaf Consultants' part to express themselves accurately in their own language.

child and his/her interests (both social and educational) they should begin to sign now and learn BSL.

7.2.3 Teachers

The teachers also placed a very great emphasis on parents' confidence in the building of a strong affective and communicative relationship with their child. However, to the teachers, there was a greater concern for confidence being a prerequisite for any progress parents were to make in communication with and acceptance of their deaf child. Rather than confidence being associated with production of BSL as such, it was in effect more closely associated with parents' general emotional adjustment.

> Once they start feeling positive and their confidence isn't eroded then they're ready to go on, learn some more and take in the information and really go forward. (003)

Teachers, therefore, perceived themselves to have a primary role in the prevention of confidence being undermined.

In the teachers' view, central to confidence, were feelings of comfort and parents being relaxed with their child, particularly in how they were communicating. Comfort, confidence and communication went together. If comfort or confidence broke down, then so did communication. If communication was not well established, then confidence was eroded and parents were not so comfortable with their child.

In pursuit of the protection and building up of parents' confidence and comfort, teachers were, unlike the Deaf Consultants, concerned not to be too specific about the communication that parents should use with their child. Unlike the Consultants, they did not emphasise the vital importance of sign language to the child.

While it was acknowledged that parents would need to make changes in their communication strategies and learn new techniques, these were seen as potentially threatening to parents' feelings of adequacy and confidence with their child, unless handled very carefully and gradually. Consequently, teachers emphasised that communication

should be felt to be continuous with or an extension of supposed pre-existing patterns of communication in the family and not seen as something completely different.

> There are ways they can change to help foster that communication, but that link is still there and not to break it, not to feel I'm lost, this is the end, what can I do now... (001)

They made a point of emphasising that it did not matter either which 'language' (BSL, SSE[3], SE[4], spoken English), which mode (spoken, signed), nor whichever mixtures of these parents produced. In fact they considered any linguistic specification to be irrelevant in the face of the more important imperative of parents feeling comfortable with how they were communicating.

> Getting the communication going, whatever form that is... so for some that might be sign, for some that might be spoken, but it's very important for them to have something that's easy to use in the early stages. (002)

> Just because you use BSL doesn't mean to say you're a good communicator either, it could mean or it couldn't, somebody could explain to a child purely visually, but not use BSL...They could probably explain just as well using cue items than using BSL... (005)

There is clearly a striking difference between how teachers and Deaf Consultants talk about the introduction of BSL and its effects on the parent/ child relationship. The teachers would seem to be working from a model of family adjustment based on homoeostasis - the need for the maintenance/ return to a steady state (Sec 2.2.3) - in this instance described in terms of confidence and comfort. From this perspective, the introduction of BSL is perceived as something highly discontinuous with parents' experience and potentially threatening to this state. Therefore, the teachers are not keen on being too specific about the kind of communication to promote with parents. The Deaf Consultants on the other hand, seem to be working from a model in which what is best for the child is closely linked to a very clear specification of the language the child needs. In effect, a 'deaf child' centred model. Therefore, while the insistence on BSL may be

[3] Sign Supported English
[4] Signed English

something which causes parents discomfort, it is regarded as the necessary means to them ultimately being confident.

7.2.4 Parents

The parents, however, discussed BSL and its place in their relationship with their child, in different terms from the teachers or Deaf Consultants. Their responses were characterised by a distinction between the expression of a positive attitude towards its benefits and an assessment of its practical difficulties for them. Confidence was closely linked to positive attitude, rather than practice and signing was spoken about in terms of BSL being a different language.

Eight out of the twelve respondents reported a very positive and enthusiastic attitude towards the use of BSL by and with their child and its potential benefits for them both. Their comments fell into three categories (not necessarily mutually exclusive). Firstly, the importance to both them and the child that BSL was a "real" language, that is to say, one in which they and the child could express anything and everything they would want to, even though the child was deaf. Secondly, an acceptance that it was an appropriate language for their child because s/he was deaf:

> I had this argument last night with somebody. We think that we talk through our mouths and we think that is right, now she [deaf child] talks - how does she ask me if she wants a bottle, how does she tell me she's dirtied her nappy,- she tells me, so she's got to be talking and we're the one who says that talking has to be done through the mouth aren't we, now she talks with her hands, how can you say that she's not talking... (012)

Thirdly, the opportunity it afforded for the development of the child along similar lines to a normally-hearing child in a hearing family. In this respect several parents mentioned that they thought BSL would help to avoid problems of frustration. Others remarked that it would mean that they could as parents play the same role in the child's development as they had with their hearing children:

> I wanted her to be as intelligent as the other baby of her age who's hearing you see, I want her to have as many words as the other child who's got hearing and that's why I wanted to do the sign language, I wanted to have that signing so when she's older at least I can understand her and at least she can understand us and she has very little frustration I hope. (009)

In such comments, parents were expressing a conviction of the benefits of BSL, very similar to that of the Deaf Consultants.

Of the parents who were not positive about the benefits of the introduction of BSL, two (016; 022) stated that they were overwhelmed by the degree of difficulty involved and felt under pressure and two (024m, 024f) simply did not find it appropriate to sign at all because they were convinced that their child could hear.

These parents were not alone in experiencing difficulties and concerns in the learning and production of BSL with their child. All parents reported difficulties (Sec 7.3.1). However, these four parents are distinct in that for them these difficulties overrode any expression of positive attitude towards BSL for them and their child. By contrast, the majority of parents maintained a separation between, on the one hand a strong positive appraisal of benefit and on the other, an acknowledgement of the challenges and difficulties of adopting BSL.

BSL as a language was clearly important in parents' construction of its place in their relationship with their deaf child. Although they did not directly talk in terms of confidence, on this level of expressed positive attitude, BSL was clearly contributing to it, for the majority. However, it is on the practical level of parents' descriptions of their learning and use of BSL that confidence and comfort become more problematic.

7.3 Parents Learning and Using BSL

7.3.1 Parents

In describing their experiences of learning BSL and trying to use it with their child, parents clearly framed the task in terms of having to learn a new 'language'. They focused primarily on factors associated with themselves as language learners and described many of the challenges one would expect anyone to encounter in learning any new language. It was in fact remarkable, that with only two exceptions, they did not identify any features specific to the fact that they were learning BSL, rather than any other language, that might prompt difficulties. Concerning the dimensions of the language learning task as they saw it, they revealed a concentration on the learning of vocabulary and single signs for single words at this stage.

Recurring factors mentioned were firstly, forgetting the signs learned. Parents particularly remarked on the frustration of feeling that they were confident they knew the sign when in the signing class, or when the Deaf Consultant was in their home, but by the time they came to use it with their child, they had forgotten it. Some parents associated this forgetting with not having enough practice, both in the sense of not using BSL enough and in the sense of not having enough formal learning time available to them. Secondly, different signs learned for the same 'words' could be very confusing, as could the converse, of fitting the same sign into different contexts:

> ... but I suppose it's the same for any language if you're learning a new language you think how do I put that in here, why does it mean something different somewhere else... (016)

Thirdly, limited vocabulary. Most of the parents described the problems of having a limited vocabulary. For the majority, limitation implied quantity, in that they felt that they did not have the equivalent number of signs for the equivalent number of words they might want to use. For a smaller group, limitation of vocabulary also occurred in a more qualitative sense, in that some parents described a feeling of only knowing the signs for some elements of the language and not for others:

> It's knowing what to do because we're doing sort of odd words at the moment so when you're talking to her in a sentence you know the actual thing, if you know what I mean like the cat or the dog, but you don't know the bits, because you're saying a whole sentence but you're only actually telling her in sign say the cat or food, if you're going to feed the cat.... (012)

Similarly parents reported problems associated with explanation of reasons why, or of non present objects or with regard to time (past, later, not now). These difficulties were not connected with feeling that the language itself, through being visual, was concrete or limited to that which was present, but rather they were connected with parents' feelings of having an inadequate grasp of the possibilities they knew the language had.

Parents expressed a range of reactions to feeling they had a limited vocabulary. For a few, it produced paralysis, in that they felt they could not communicate because they did not have the 'right' signs. Others described frustration that they could not communicate as extensively as they might wish:

> I think because I rely so much on sign, sometimes you have to say it in a different way limited to the words you know, that can be frustrating. (025)

Others broke this sense of limitation by making up signs, however, were a little uneasy about this because they were aware that they were using the "wrong" signs.

Although these descriptions of limited vocabulary and reactions to it are diverse, a common thread through them all is parents' acute awareness of BSL as a distinct language from English and its potential for full expression for them and their child. It is against this yardstick that they made an assessment of their own performance.

Parents also described various problems with motivation and keeping going with trying to learn and to use BSL: the degree of difficulty experienced in the task; their own emotional/ mental state which made them disinclined to carry on (for example, one parent was suffering from clinical depression); the child's response - if the child was seen to be responding and communicating well then parents felt motivated to continue, if the child did not seem to be responding, then they did not. However, these comments concerning

motivation were highly specific to individual parents and children. There was no overwhelming sense that parents were unmotivated nor disheartened.

The two features that parents mentioned that were specifically related to learning BSL rather than learning any language, concerned firstly the grasping of pre-language skills relevant to a deaf child such as eye contact and getting and maintaining attention. Many parents expressed difficulty with achieving these:

> Well it's not just a case of learning a new language it's learning about eye contact and having the child facing you and positioning and all this kind of thing... (025)

Secondly, embarrassment was mentioned by about half of the parents in connection with the visual conspicuousness of using the language in public. Either embarrassment was something parents had got over/ ignored or it was something they continued to find very difficult, because they were stared at.

7.3.2 Deaf Consultants

In the Deaf Consultants' comments on parents learning and use of BSL, they were much less concerned with framing parents as language learners in any general sense, and more concerned with parents' "attitude".

The Deaf Consultants did mention problems like parents forgetting signs, being embarrassed to sign and some finding it hard to make the effort, however, a more central issue was whether parents were "involved" and "interested". These two terms occurred again and again and were, in essence, judgements that Deaf Consultants made about parents' attitude towards learning BSL and towards deafness and deaf people:

> The mother she was there, but she wasn't really interested in learning sign language (020)

> Some parents are really involved...if you're really involved with signing you'll improve. (017)

Indicators of this involvement and interest (or not) were very much based upon Deaf Consultants' experience of the interaction between themselves and the parent during home sessions. The person to person level was important, in that Deaf Consultants assessed as successful, parents with whom they felt comfortable, who were paying attention to them and with whom they felt they had a two way exchange. Those with whom such interactive characteristics were not established were negatively regarded as not interested either in the Deaf Consultant personally or in deaf people in general:

> But the mother wasn't really involved, she wasn't really involved with me at all. I said to her, I want you to watch me sign. I'd be signing butterfly again, but she wouldn't be watching, her attention would be wandering and I'd say look at me, look - butterfly - and she'd look over and say 'oh yes, butterfly'. But then she'd say excuse me a minute, I've just got to talk to my friend...(010)

With regard to BSL itself, parents who were involved and interested were marked out firstly as active rather than passive. They were parents who displayed a willingness to ask questions which showed that they were thinking about the language and trying to remember it, they were parents who were seen as eager to engage with the Deaf Consultants and learn new signs and to try them out:

> Some say yes, yes, they're involved, they say I want to know the sign for 'x', whatever. And next week I come back and I say do you remember 'x' and they have and I feel they've really been watching...There's an exchange between us, questions and answers and I'm happy.(017)

It would seem from these comments, that Deaf Consultants took a far more relaxed stance to parents' learning BSL than did the parents themselves. Whereas the parents were concerned with getting the language right, the Deaf Consultants placed greater value on parents developing a good attitude to deaf people and attitude to learning BSL. The implication was that if on this micro level of interaction with them, parents were able to achieve an active and enthusiastic interaction, then they would also do this with their deaf child.

7.3.3 Teachers

Like the parents, teachers comments revealed how much they framed parents learning and use of BSL as parents being faced with the task of becoming learners of a foreign language. As a result, they were deeply concerned that the task was too difficult for most of the parents, because they did not have the skills/ ability to achieve it and because of an added emotional burden to the already difficult process of "coming to terms" with their child's deafness:

> It's lovely to see a story in BSL, but I wonder if perhaps that's too difficult for families. (003)
>
> I do think we do need to accept the fact that these parents have had a deaf child plus you're asking them to change their mother tongue...it's an enormous thing you're asking these parents to do and I don't think they should be made to feel guilty if they can't. (005)

In voicing these concerns, the teachers were not by any means suggesting withdrawing support for parents having the opportunity to learn BSL and meet deaf people, but were drawing attention to possible negative effects of the learning process. Namely, they were keen to ensure that parents were not being set up only to feel that they had failed. Also, they were worried that the provision of BSL could be damaging if, instead of facilitating communication for parent and child, it resulted in parents feeling under too much pressure to learn and to use it:

> ...I've had one or two families lately where I've felt they've taken a real backward step and it's almost like 'you may think it's marvellous, but I don't...and I'm not having anything to do with this sign language... (005)

For these reasons, teachers consistently made the point that BSL was "not appropriate" for all families and an assessment needed to be made about whether its challenge would be detrimental to a family's ability to cope, primarily from an emotional point of view, with their deaf child:

> It's their family...and they musn't feel inadequate just because they can't sign. (003)

The difference in emphasis in how parents, teachers and Deaf Consultants thought about the process of parents learning and using BSL, is striking. Teachers and parents framed it in the same way, as a new language learning task, however, whilst parents were focused on the pedagogical and linguistic details of this, teachers were more concerned about the emotional effects of parents being engaged in such a task in the first place. The Deaf Consultants' view, based much more on an interactive model, cuts across both of these concerns. While being clear that BSL is in a sense a foreign language for parents, they are keen to emphasise a micro focus on how parents engage individually with what is distinct about BSL and deaf people. The pressure that may result from seeing the task as learning a new language in macro terms, is replaced by the need to develop an interested and involved attitude to the language in the wider context of deaf people and communication with them.

7.4 Expectations of Proficiency and Definitions of Parents' Signed Communication

Closely linked to the different perspectives expressed by the three groups of respondents with regard to parents' learning and use of BSL, were very sharp distinctions around their expectations of parents' proficiency in BSL. These distinctions were not just about level (how proficient), but more deeply about the assumptions made in setting the criteria for what it was to be proficient. These assumptions emerged as crucial in understanding respondents' definitions and judgements of parents' signed communication.

7.4.1 The Teachers

In considering parents' proficiency, the teachers made a very strong distinction between the 'ideal' and the 'reality'. The ideal implied that parents would be using BSL at home with the child most of the time and that BSL would be clearly separated from other forms of communication such as speech and speech/ sign mixtures. However, the teachers spoke in terms of the reality that parents were unlikely to become fluent/ proficient enough for this ideal to be realised.

> Ideally it's BSL, the main means of communicating with the child, but for a hearing family it's actually quite difficult for a family to be fluent enough to use it, so I think that's the idealistic answer... (004)
>
> I do worry a little bit that parents feel they should be proficient at BSL...families feel, should I be doing the whole of BSL? (003)

However, in making this ideal/ reality split and locating fluency/ proficiency as one of the key problems of reality, the teachers were not simply saying that parents were not going to be very fluent/ proficient in BSL. They were more precisely saying that were not going to be fluent/ proficient *enough* to produce BSL. In other words, there was something about the kind of signing parents' produced that made it discontinuous with being BSL, rather than it simply being a poor or inaccurate version of the target language of the learner.

Indeed, when teachers were asked multiple choice questions concerning parents' use of BSL (Teacher Interview, Part 2, Appendix 1), all of them found it impossible to answer the questions in the format given, because, in their opinion, parents did not use BSL. Instead, they described parents' communication as SSE (5 of the teachers) and Signed English (1 of the teachers).

What they meant by these labels and what marked out parents' communication as not being BSL, was firstly, parents' continued use of voice in combination with signs (simultaneously or sequentially) and secondly, the absence of BSL grammar/ structures. Characteristically, communication consisted more of a single sign in an otherwise English, voiced sentence:

> It's important they [parents] at least know what it's all about and respect it and are seen by the child as really trying to communicate with them, but with a lot of families, we'll be lucky if we don't get a rather dodgy, pidgin sort of thing. (005)
>
> I think parents tend to use SSE. I think it's difficult for the majority of hearing parents to use BSL because English is their mother tongue...and very often it's the signs that they know picked out in an English sentence so that perhaps you would say 'can you see the teddy over there' and you might point and do the sign for teddy because you know the sign for teddy. (004)

The teachers' emphatic labelling of parents' signing as not BSL and their assumptions about proficiency, raise questions of what parents' signing would have to be like for it to be BSL. Judging by what made parents' signing non BSL, teachers would seem to suggest a model of voiceless BSL, definitively distanced from the grammatical structures of English. Furthermore, this model is very strict in that any use of voice or presence of English structures renders the signing non BSL. Indeed, in commenting on the relationship between encouraging speech and introducing BSL, two teachers in particular expressed that the introduction of BSL could result in parents feeling that speech was disallowed (005), (008). Others expressed some confusion over whether the use of speech "undermined the BSL approach" (004). In cases where teachers were able to identify "BSL like features" in parents signing, these were considered as "enrichment" to an essentially English sign system (001).

7.4.2 The Deaf Consultants

The Deaf Consultants did not at all discuss parents' signing in terms of how proficient the parents were in BSL. They did agree unanimously with the teachers that, parents' signing was characterised by a continued use of voice and reliance on English. However, they disagreed about the significance of these features and how *parents'* sign production should be defined.

Firstly, they were not surprised by the kind of signing parents produced. They made the point that the parents were hearing and in the very early stages of learning, therefore, one could not expect them to produce voiceless, grammatical BSL. Secondly, they saw little relevance in assessing parents' signing as BSL or not as BSL, or indeed labelling it against any classification. Instead, they concentrated, as they had done with regard to parents' learning of BSL, on micro features of parents' signing. From distinctions they made on this level, the Deaf Consultants developed criteria for separating the more successful from the less successful parents.

Therefore, with regard to the use of voice, parents' heavy reliance on speech in interaction with their child, was not denied. However, a distinction was made between two different kinds of reliance on voice. Those whose use of voice was not acceptable, were parents for whom continued use of voice was linked with avoidance of signing, a strategy which was seen ultimately to prohibit the child's development:

> The mother's all over the place. She doesn't find out about the child. She just talks and talks at the child, she never signs... (010)
>
> But when I've been there, the mother always talks. And I do try. The boy knows what he wants, and I'll sign drink, but the mother speaks drink, she won't sign. (013)

On the other hand, those who used voice in connection with signing (either simultaneously, or in a speech/ sign combination sentence) were not censured. This was just accepted as inevitable. Of greater significance was the characteristics of the signing with which it was combined.

In this respect, the Deaf Consultants agreed with the teachers, that parents produced single signs. However, a distinction was made between those whose single signs operated on the level of a one sign for one word simple correspondence and those who used single signs but did so in conjunction with other properties of BSL that English did not share. Examples given of the latter included, parents who had grasped the need for facial expression; parents who added movement to a sign/ played with the sign, rather than using a static form; those who appreciated the difference in location of signs for the same word depending upon the visual properties of the object to which the sign/ word referred:

> I sign the things then leave it, they say, what's the sign for and they respond and say things like, well what's the difference between a light [drop] and a light [wall]. And they say things like the sign for picture and the sign for television look the same, why? I'm able to show then the lip patterns, for both. That's why they're different...Then there's 'painting' and 'drawing'. I point out the handshape [index point like holding a pencil] or painting when it's big strokes [a bigger movement] or like shaking when you're drawing [more detail smaller movement].[5] (017)

[5] The details in brackets [ ], are a gloss of the visual differentiations to which the Deaf Consultants were referring.

> BSL? No, I'm not sure what their way of signing is. Some use facial expression and are relaxed and expressive signers, I know, I agree their communication is good (015)

However, parents whose signing did not use such properties of BSL were not considered as failures, but rather as only having taken the first step towards a rich communication with their child:

> When I've left the house, the parent themselves remember, now what's the sign for something like 'drink', 'food', 'biscuit'...That's the way for them to get going communicating (017)

> It shouldn't always be translating words, a person coming to me with a book, looking at pictures and asking me things...there should be more awareness as well. (017)

The Deaf Consultants did, however, draw attention to one other characteristic of parents' signing of which they were critical and which the teachers had not considered. They were concerned about parents' signing not matching the child's level of signing. This mismatch occurred in two forms. Firstly, some parents used adult forms of signs rather than child forms of them. Consultants put this down to some parents attending BSL classes that were not specifically aimed at communication with a child. Secondly, three of the Consultants remarked on parents' tendency to be too elaborate in their communication, in that they tried to explain too much and use too sophisticated language. They connected this tendency with parents trying to behave in the same way to a deaf child as they would to a hearing child:

> Parents should learn to come down to match the child's level of signing. With a hearing mother, hearing child, the mother uses lots of words, surrounds the child with language and the child picks it up by listening. It's not the same for a deaf child. The deaf child needs less words at first but for them to be made clear. There's time to work on more words later. The deaf child will catch up later. Hearing parents don't know how. (006)

> Some people say they want the signs for grown ups [adult signs]. They're not the same as the child signs. I say, oh later when they're grown up, they'll change, but now I feel we should be on the same level, child to child, not child to adult. Let me give you an example. You see people signing 'rubbish' [off the nose] and 'rubbish' [hand throwing away]. It's lower down. You have to change it. The child can't look up and see it [the sign], so it's lower down (017)

Thus, the Deaf Consultants did not consider parents' use of voice and reliance on English based structures to be, de facto, discontinuous with their signing being BSL. Rather, it was particular characteristics of each of these features that rendered them more or less acceptable within the context of parents' aiming at BSL. Proficiency if it had a meaning, was not a measurement against any general standards of language competency, but more concerned with successful communication with the child.

7.4.3 Parents

Unlike the Deaf Consultants, the parents were preoccupied with issues surrounding their own proficiency and fluency in BSL. Like the teachers, *their self assessments of* proficiency were made in terms of how competent they were in the language in comparison to a fluent adult model. However, unlike the teachers, they were concerned more with the practical aspects and effects of being fluent or not fluent, rather than concerned to label their signing BSL or not BSL.

Two areas recurred when parents mentioned fluency or proficiency. The first concerned the 'quantity' of BSL parents felt they needed to know given the short time they thought they had in which to learn it. Once they had accepted that their use of BSL was going to be advantageous for their child's development, they were then faced with the pressure of having to sign well, quickly. For some this pressure was a burden they found hard to bear, however, for the majority this pressure was motivating:

> Yes, I wanted it [BSL] badly because I wanted to be able to teach her quickly...I mean she obviously had the brains there, so I pile in as much as I knew... (009)

> I mean we do, or I do, feel under incredible pressure because, time pressure, because of the fact I recognise that we should be signing to Y [deaf child] now and don't have the skills and G [wife] is really only just a raw beginner. (019)

The second recurring consideration for parents concerned the difference between those who expected themselves (or thought it was expected of them) to be striving towards a high level of overall competence in BSL and those whose expectations were of a more basic competence in BSL.

Thus, on the one hand, there were parents who were taking additional classes in BSL and working towards CACDP examinations [6] or who had ambitions to train as interpreters. Nothing less than this level of expertise was considered good enough:

> Well, I just wish I was really proficient in it really. I know that takes years but I want to do my Stage Two definitely, when I can get some money together... (025)

On the other hand, there were some parents who complained about the kind of BSL teaching they received. To them it seemed to be irrelevantly related to the mastery of the language, rather than being closely related to their own priorities and interests for communication with the child immediately. For example, one parent complained that she did not need to know how to sign about Christmas, but she did need to know how to tell her child to get off the table. Similarly, although an exercise like 'where is the microwave?', 'what colour is the kitchen?' was acknowledged to teach grammatical features of the language, it was felt to be useless for communicating with an 18 month old baby.

In describing their signed communication, parents, like the Deaf Consultants and the teachers, mentioned the same characteristics - a lot of use of voice, reliance on English based structures and predominantly single signs - however, they offered a very different account from the teachers or Deaf Consultants of the significance of these features in their communication.

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[6] Council for the Advancement of Communication with Deaf People (CACDP) is the body which sets the curriculum and standardises assessments in British Sign Language.

With regard to the use of voice, over half of the parents suggested that they did this because they found themselves treating the child "as if they could hear". This was partly an affective response, in that talking to the child, was for the parents', an important part of building a relationship with them. For some parents, it was also a response to the fact that they felt there were some things the child understood perfectly adequately without having to sign them. A couple of parents also remarked on the fact that they needed to use their voice, or shout in order to produce an appropriate facial expression/ body language for the child to understand what they felt. This was of particular relevance in trying to convey anger and displeasure to the child, without actually resorting to hitting the child:

> ...you're trying to express it in your face but 'cos you're expressing this sort of wicked face you sometimes do this wicked noise with it and I say 'put that down' [loud voice] like that and I really show it in my face and people look at me like that and they think I'm really so terrible, but because I'm doing this terrible voice and it's probably frightening to some children, because she actually can't hear it I'm trying to show her in my face that I'm mad and because she knows I'm mad she'll do it straight away, but if I do it like that 'put that down' [soft voice] it will just carry on you know. (009)

With regard to using speech sign combinations in predominantly voiced English based sentences, 10 out of the 12 parents said they did this. (The two who did not were the couple who had come to the conclusion their child was not deaf and so they did not sign any more). Parents agreed with the teachers that one of the reasons they did this was because they felt they did not have sufficient skill/ knowledge of the language to express themselves in BSL as such. However, for the majority of parents, the mixing of speech and sign was a deliberate strategy.

Firstly, some parents were of the opinion that by mixing sign and speech they were increasing the child's access to English as well as to BSL and they were encouraging lipreading. Secondly, some parents pointed to the difficulty involved in clearly separating BSL from English/ voice in the home if there are hearing children in the family as well. These parents felt that if signs and speech were combined then all children potentially had access to all conversation. An alternative strategy of having specified periods when only

sign was used by all members of the family had been toyed with by some families, but non had successfully implemented it.

It is remarkable that in discussing the practicalities of how they communicated with their deaf child, parents did not express any concerns about whether it was BSL or not. In essence immediate considerations of communication took prominence. This was in marked contrast to parents' more reflective statements about learning BSL as a new language, when concerns of what was or was not BSL were acute.

This comparison of contrasting assumptions about and expectations of proficiency and how they influence interpretations of parents' sign language, point to two important considerations. Firstly, what may constitute BSL as produced by parents in the early stages of learning is not at all straightforward. Secondly, there is considerable confusion concerning the grounds on which to set appropriate expectations of parents signing if they are attempting to use BSL with their child.

7.5 The Development of Two Languages Within a Bilingual Model

The teachers, Deaf Consultants and to a lesser extent the parents, commented on how they thought early access to BSL for parent and child related to the child's bilingual development in BSL and English. However, the model each group of respondents used to understand the role early access to BSL plays within such an aim, were divergent.

7.5.1 Teachers

The teachers were keen to stress that the provision of BSL had a primary benefit in offering parents and children a "wider choice" with regard to what was available for communication and language development. This notion of choice had two elements. Firstly one that was parent centred, in that parents were now offered experience of a range of possibilities from which to make choices about their child:

> They [parents] have always wanted the best for the child, but that best they've only seen as being a talking child, so actually to be able to offer a wider horizon and say there's all this scope... (003)
>
> I think it would be very wrong to give a very narrow field for the families, the broader the range of experience we can give the better. (004)

Secondly, there was a child centred element, in that teachers were of the opinion that if the child had experience of on the one hand, a BSL model and on the other, an approach that stressed more the child's oral/ aural potential, then it would be possible to evaluate which the child preferred or had a tendency towards:

> At preschool there's an evolving recognition of where the child is going because you don't know...we're saying in fact the child will show you the way. (005)
>
> They [the parents] are setting the scene for language at home, ready for them to go out to just the English, spoken or written, and the sign, whether they could go on to BSL. (003)

This emphasis on early access to BSL offering choice and the scope for evaluation of preference, was strongly reflected in the distinction teachers made between the first block[7] of the Deaf Consultants' input and the subsequent blocks. The first block concerned the development of pre-language skills such as eye contact, attention getting, touch and so forth, whereas subsequent blocks focused very specifically on the development of BSL. The teachers, therefore, perceived the first block to be suitable for most if not all parents, because the skills were the same whatever subsequent choices parents may make about their communication with their child. In essence, it was considered that Block One did not commit parents to using sign language, but gave them important skills:

> The first module is more about attention so you wouldn't have to be saying your child might be using sign language. (002)
>
> Most of them [families] do benefit from that first block. It helps all families to realise the pre-communication skills are the same whether they are going to talk or sign... (003)

[7] 'Block' refers to each 6 week course carried out by the Deaf Consultant in the parents' home.

It would seem from the teachers' comments, that they hold a kind of 'melting pot' model of how the early introduction of BSL relates to the child's bilingual development. If parents and children simultaneously have access to both BSL through the Deaf Consultants and to the encouragement of speech and residual hearing through the teachers, then the most suitable approach for the child's language development will arise as a sort of resultant effect. For some parents and children that will be "the sign language route" (003) for others it will not.

7.5.2 Deaf Consultants

The Deaf Consultants, however, held a very different model of how the early introduction of BSL related to the child's bilingual development.

They commented very little on the development of English or the development of hearing, lipreading or speech skills in the children. It was as if, in the earliest years, these were not really considered relevant. As already discussed (Sec 7.2.2), BSL was considered to be the fundamental route to linguistic, cognitive and social development for the child. Therefore, BSL was not thought of as one of a range of *equally viable options on offer* to the child and family at this stage, but the best option, which parents could then choose to accept or reject.

The Consultants were not dismissive of the importance of the child's development of English (reading and writing) and in particular speech. Being able to speak was described as "useful" (013) and an aid to the child's independence. However, encouraging speech and English skills was not considered to be a priority in the early years, nor something to be anxious about.

It would seem, therefore, that the Deaf Consultants' model of how the early introduction of BSL relates to the child's bilingual development, was more sequential than the teachers'. BSL was thought of more in terms of the child's first language, both in the sense of when it is introduced and its priority. Spoken language was clearly part of the deaf

child's early developmental environment. However, the child's mastery of English and the spoken word, was not considered a primary target for the child in the early years.

7.5.3 Parents

There were very few comments from the parents which directly addressed their thoughts about the relationship between the child's early exposure to BSL and his/ her development of English and speech. Possibly, this was because parents were much more focused on the here and now task of communication and of learning and using BSL. In fact, very few parents commented on expectations of their child's future use of any language. However, no parents expressed any fears that early BSL would impede abilities the child might need in order to speak or learn English.

The few parents who did talk about their child's later language use, reiterated the importance of early access to BSL in instrumental terms as, for example, a support in their child's development of English or in reserve if the child could "not grasp the English". They did not talk about it in terms of its importance as a language in its own right for the child:

> I believe that sign language is the right way to go then hopefully she will learn lipreading or em other forms of communication... (014)

> I think in the future if he met deaf friends he'd have to use it and it will help him to understand the words that I'm saying because he knows the words in sign language and if he couldn't quite hear them properly he'd perhaps ask me in sign was it a 'cat' or was it 'hat' or you know just to differentiate between them if he couldn't quite hear them properly, but his first language is sign language at the moment... (023)

> I mean I do try and do the best for both, English and BSL, but I think that's up to her if she prefers to do BSL then that's her choice, but to give her as far as possible the options. You know if she can't grasp the English, at least she's got the BSL as the basis really. (025)

For the parents of children with multiple handicaps, sign language took on an added importance if they felt that it was unlikely the child would develop speech because of the additional physical or cognitive difficulties.

Although there is very scant evidence available from these parents, it is remarkable that the comments there are, emphasise the instrumental value of BSL in the development of English and speech. This suggests a tendency amongst the parents who commented, towards a transitional bilingual model, where one language is used until the other, more desired or preferred can replace it. [This issue is considered by parents in Study Two in greater depth].

It is clear from the contrasting evidence of all three groups of respondents, that the relationship between early introduction of BSL and models used to understand the child's bilingual development, does not necessarily provoke consensus amongst those involved in an intervention on bilingual principles.

7.6 Issue Two: Family Adjustment

Some issues concerning models and processes of family adjustment have already been discussed in connection with the debate about BSL. In this section, other aspects of family adjustment that arise within a bilingual framework are described.

7.6.1 'Childness' and Deafness

A central theme in all three groups of respondents' remarks about parents' adjustment to their deaf child, concerned complex distinctions made about the 'childness' of the child and the deafness of the child. In essence, these distinctions reflected also differing emphases surrounding impairment and disability in connection with deafness.

7.6.2 Teachers

The teachers were very concerned about the need to minimise the emotional dislocation parents might experience between themselves and their deaf child. They were, therefore,

actively engaged in strategies to promote aspects of continuity in parents' relationship with their child:

> It's important they don't see the hearing impaired child as something odd, something they cannot come to terms with (004)

A fundamental of this approach was to emphasise to parents the importance of viewing their deaf child first and foremost as a child ('childness'). They encouraged parents to focus on those features of the child which remained the same and which continued to be child-like, despite the fact the child could not hear. The teachers were not encouraging the parents to deny their child's deafness, but rather were seeking to avoid a scenario they recognised of parents excessively focusing on the implications of the hearing loss at the expense of just going ahead and building a relationship with the child.

This emphasis on 'childness' took two main forms. Firstly, comments made concerning the child still being the parents' child. The child's deafness has not altered the fact that s/he is still very specifically that parent's child:

> To see that it's still a child and it's still their child, the child hasn't changed. it's exactly the same as it was before the diagnosis, it's just that you've got a bit of information about the child. (001)

> But if they can still feel, yes, he's still mine, I've not lost him, they can start building up. (003)

Secondly, teachers encouraged parents to focus on the individuality of the child. They emphasised that the child's potential was not circumscribed by their deafness, but was also a product of the child's own personal characteristics.

The teachers acknowledged that there was a difficult balance to be achieved between parents' acceptance of the differences deafness implies for their child and a grasp of the ways in which the child was the same as any child. Invariably, it was this balance between childness and deafness going wrong in some way that was mentioned in

connection with parents who experienced difficulties in adjusting successfully to their deaf child:

> They have accepted their own child but not accepted the deafness (008)

This distinction the teachers make between keeping the focus fixed on the child and not on their deafness has much in common with a person centred approach to disability and adjustment (Wright 1960). This approach is concerned not to let, what is fundamentally understood as an impairment, become the dominating, defining feature of the person, controlling assessments of character, skills or potential. However, evidence from the parents suggests there is a difference between how this approach may operate conceptually and how it operates in practice.

7.6.3 The Parents

The parents too recognised a tension between the ways in which their child was like any other child ('childness') and the ways in which s/he was so very different, because of being deaf. However, their comments suggest a further distinction, between a focus on what remains the same existing largely in the domain of attitude, whilst a focus on what is different existing largely in the domain of parent and child behaviour.

On the one hand, parents were keen to emphasise the ways in which their deaf child was the same as any child. Some of them did this, firstly, in a similar way to the teachers, through splitting off the child from the deafness:

> ...but one way of me coping with it is trying not to think about it, trying not to think he's deaf or he's different really... (016)

> ...and I said I don't want to go to F [preschool nursery group] for a while and I don't want you [teacher] coming into the house for a while and I just want to have J [deaf child] back for a while, just as a child... (014)

Secondly, some focused on the ways in which their deaf child was no different from a hearing child of the same age, for example:

> ...she's not very frustrated although she's a pain but like any other child of her age she's the same you know. (009)

Thirdly, some parents described ways in which they just "treated" the child the same as they would a hearing child or their hearing sibling:

> ...to me she's not treated different because she's deaf because she's still a child and she's still mischievous and all the other things as another child.... (007)
>
> I can't keep thinking that he's different all the time otherwise I just wouldn't say anything to him or get anything across... (016)

In effect, these parents were attempting to adjust to their child's deafness through a strategy of child first, disability second.

On the other hand, parents were *very aware of the ways* in which their deaf child was different and caused them to treat him/ her differently than they would a hearing child. Parents noticed differences particularly in some of their parenting behaviours and also developmental differences in their deaf child in comparison with hearing children. These were connected with issues of language/ communication.

With regard to parenting behaviours, a third of the respondents commented on difficulties they experienced in disciplining the child. These difficulties largely revolved around the extent of explanation that was possible with the child. This lack of explanation was evident in three senses. Firstly, in actions occurring to the child divorced of explanation and, therefore, not making sense and being distressing to the child. Secondly, in lack of explanatory power meaning that nuances of the discipliner's emotions were not understood by the child. Thirdly, preventative explanation was not available as a means of stopping something happening/ stopping the child doing something, on the level of 'don't do that because if you do...'. Instead parents had to wait for the child to do it, then physically restrain him/ her.

Similarly, in comments about the child's safety, parents noted that as the child grew from being a toddler, then monitoring the child's safety required greater effort than with a

hearing child and was generally more stressful. Firstly, it was not possible to prevent something from happening by shouting or calling, one had physically to stop the child and so had to be both watchful and in close proximity all the time. Secondly, it was not possible to explain to the child why a behaviour would be unsafe if they did it, instead parents just had to make sure they did not actually do it.

With regard to developmental differences, in line with previous family studies (e.g. Gregory 1976), it is after the child ceases to be a baby that parents report developmental differences becoming much more marked and distressing for them. Recurring examples of contrasts parents had noticed concerned the children not having conversations with them, as would be expected with the child's increasing mastery of language and also observations about how the child played with/ mixed with other children of their own age:

> I was looking forward to when she come home from school and she could tell me what she's done and that today and call me mummy and come out with some funny things like they always do when they're around three, four, five and it was certain things that I was going to miss, but I know I never had it, but I was going to miss them anyway. (009)

> I think when he was a baby or up to the age of two it didn't matter too much because he was you know a baby, but once you get to two you start thinking well now he's a little boy and he's got to go out and mix with other children who are not deaf and em try and fit in with them... (016)

It is striking, the extent to which parents can simultaneously make such strong statements about the likeness of their child (and how they are treated) to any child and yet be acutely aware of their deaf child as different. This separation could be characterised as that between a 'philosophy' they may have adopted about how to view their child and the behavioural reality they have to face despite the philosophy. Resolving the tension between these two would appear to be important in parents' adjustment to their child.

7.6.4 Deaf Consultants

Unlike the teachers or the parents, the Deaf Consultants offered no conceptual distinction between the child as a child and the child's deafness. Their approach was a far more holistic one, in which the child was quite simply a *deaf child.* Parents' task, therefore, was to understand that a deaf child was not a hearing child and to get to know what that meant.

The Deaf Consultants tended to term this process "acceptance", of which the most fundamental realisation was there was nothing "wrong"[8] with a deaf child. Judgements of something being wrong arose, in their view, from negative comparisons with hearing children based on deafness as an impairment or a loss. From the Deaf Consultants' perspective this was a false comparison, because the deaf child was more simply a different kind of child all together:

> I think parents feel inside that perhaps there's something wrong. But what? (015)

> From my own experience, perhaps the parents feel guilty...they look and think why's the child deaf? They think there's something wrong. (020)

The Deaf Consultants were, however, very aware that this was a difficult idea for the parents to understand. Furthermore, while they saw their role with parents to be crucial in helping them towards this kind of acceptance, they also acknowledged that this may be an acceptance, the implications of which, some cannot cope with:

> ...sometimes families don't feel happy inside and I wonder what I'm doing involved... (017)

> They give birth to a deaf child and think why is my child deaf? Why? Why? Why? They're talking about why and then sign language, that's an extra burden for them. They don't want it. (020)

[8] "Wrong". In BSL, the sign for 'wrong' and the sign for 'bad' can be the same, therefore, this statement that there is nothing wrong with the deaf child is more powerful than the English translation allows. It carries also a strong positive approval of the deaf child.

In cutting away any distinction or tension between childness and deafness, the Deaf Consultants are, ironically, doing what the teachers are at pains to avoid. They are, in a sense, concentrating attention on the child's deafness, as their defining feature which influences who they are, what they do, and their potential. However, this is the child's deafness understood from the deaf cultural perspective as a source of identity (c.f Ch.4). The Deaf Consultants do not regard deafness as an impairment of an otherwise intact child. Rather deafness is the child and something to be understood in no other context than itself.

The extent of comments concerning the relationship between childness and deafness, expressed by all three groups of respondents, would seem to suggest that it is of some significance in parents' adjustment to their deaf child. The differences between the three groups, particularly the views expressed by the Deaf Consultants would suggest that it is an issue particularly challenged within a bilingual/ bicultural intervention.

7.7 Deafness - Parents' Search for a World of their Child

Parents described one of their early reactions to diagnosis in terms *of not understanding* what it meant for their child to be deaf. They felt acutely ignorant, were frightened, had a lot of questions and were aware of having almost no experience of deaf people at all. They had immediate concerns about their child's communication and long term concerns about their future employment and personal relationships.

All three groups of respondents agreed that one of the most effective elements of the bilingual intervention had been to answer these questions and help parents build up a picture of the implications of deafness for their particular child. To this end, it was the personal and direct presence of deaf people, working individually within families, that had been the most significant factor.

7.7.1 Teachers and Deaf Consultants

Teachers and Deaf Consultants recognised the same kinds of benefits resulting from deaf people visiting the home. These benefits were seen as separate from the language encouraging role the Deaf Consultants performed as well. Firstly, Deaf Consultants were able to help reduce parents' fear. One teacher summarised this as "the fear of the unknown" (005) and another remarked:

> They meet deaf adults and it's not so threatening. (003)

Two of the Deaf Consultants too remarked that they had a primary role in calming parents down and reducing their anxiety.

Parents' fear and anxiety was connected with very immediate considerations such as how to communicate with their child but also long term questions such as whether their daughter would be 'left on the shelf'? What kind of job could a deaf person do? Would their child ever speak?

The Deaf Consultants were seen to be able to address these fears, firstly through simply being who they were. In this respect the teachers drew attention to the individuality of the Deaf Consultants. Faced with a variety of deaf people, parents could begin to appreciate that deafness did not make people/ children into one "category" (001), but that they remained individuals with individual differences. Also, parents gained first hand experience of a range of ways in which deaf people could and did communicate:

> They have got to know that person as a person first and a deaf person second...they've accepted that person as a human being really...that they didn't find it so hard to communicate with them and that person has a lot to offer them and their child. (004)

The Deaf Consultants, however, in mentioning the value of simply being who they were, concentrated on themselves as examples of "positive deafness". This resulted from parents seeing them doing the job they were doing competently and also through their "positive attitude" (015) towards deafness when talking with parents:

> So, really it's nice to visit them and help them and try and show them a positive way. I can show them and prove I can do a lot of things so your child will be the same. (013)

The difference in emphasis between the teachers' and Deaf Consultants' comments concerning the value of the Deaf Consultants being who they were, parallels the distinction in their comments concerning childness and deafness (Sec 7.6). The teachers take a strongly person centred line in which it is important not to allow deafness to be the defining feature of the individual, whereas the Deaf Consultants are more concerned with deafness being a central, positive feature.

The Deaf Consultants were also seen to address parents' fear and anxiety through their willingness to share their own personal life experiences. These fell into two categories - those concerning their own childhood and upbringing and those concerning how they lead their lives in the present:

> I think knowing that there are deaf adults and how they have communicated and developed themselves, that can really help. (003)

> It helps them [parents] to really get to know a person in a lot more three dimensional way, for them to know they run a house, their interests, how they spend their social life, that they brought up children, that they run ordinary lives... (005)

The Deaf Consultants agreed that they shared their experiences in this way. However, with regard to their own growing up experiences several of the Consultants pointed out that they were not just explaining what happened to them but what they now think of that, looking back as adults:

> You have to tell them what you went through yourself. My way is different from other deaf people. My mother and father were good supporting me. I know they didn't let me sign, they objected to that, but I went my own way. (013)

However, Consultants were aware that their appraisals now could include comments that parents might find difficult to accept. Therefore, whilst there was value in letting

parents know what they went through, some Consultants were more cautious than others about explaining this:

> If they ask me a question like how do you cope, I will explain, but if they don't ask me anything, I won't say anything. I go at the family's pace for their sake. (020)

The teachers did not mention this aspect of the Consultants sharing their life experiences.

7.7.2 Parents

The parents also identified the same beneficial effects of face to face contact with a deaf person connected with reducing anxiety, getting to know the person first hand, being able to ask about life experiences. However, it was far more apparent from the parents' descriptions, that confronted with the personal reality of a deaf person's life and the reality of having to interact, left parents with a sense that they did not fully understand their child. This sense of not understanding was not about communication and language alone, but about being able to visualise what their child's experience in the family now must be like and what their life experience later will be. Parents were very struck by this effect.

> ...when it's your own child you can do what you want. If you don't want to sign, you don't have to sign, if you want to pretend that it's not a deaf child you can pretend that it's not a deaf child, but when it's actually a deaf adult you can't pretend, you have to do something about it and it makes you realise this is what the child's going to grow up to be... (007)

> Like M [Deaf Consultant], she knew her dad went out of the house every morning but she never knew where he went, she never really knew where he went so it was never explained to her that dad went to work, the money, but she just knew he left the house every day and came back at such, but she never knew why, now that's weird. The things I wanted to know weren't from professional people... (012)

In essence, parents were searching for clues about what their deaf child was like and what they could or could not expect of them. Furthermore, the picture they were building up, through their contact with the Deaf Consultants, had an immediate relevance to their particular child and family:

> ...you could ask them more about being deaf and how they coped with it in their lives and em things like music, we know that R [deaf child] might seem to like music but we didn't know what he might be getting from it, so em again asking a deaf person what they can get from it. (016)

It is striking that in contact with deaf people, parents' fears and anxieties are not being addressed through any reassurances that their child could be similar to a hearing child. Rather, parents are being faced very directly with just how different their deaf child is from a hearing child. In this respect, parents are acknowledging that they do not have a sense of what their child's experience is, in the way they automatically would assume to be empathic with a hearing child. However, parents are also simultaneously realising that this difference does not necessarily preclude their child from achieving what a hearing person could achieve.

In effect a separation is made between means and ends. If, broadly speaking, the end for a deaf child as envisaged by the parent is the same as it would be for a hearing child, this does not imply that the means to this is to consider or make the child as nearly like a hearing child as possible. Rather that end is achievable through responding to deaf child as different and searching for an understanding of that.

This separation is seen very strongly in parents' comments on their hopes for their deaf child's future. With the exception of the parents whose deaf child had multiple handicaps and the couple who denied completely that their child was deaf (024 m/f), parents were very positive about their child's future, believing them capable of achievement and fulfilment within what they would consider to be the normal range. However, their appraisal of what could cause their child difficulties in meeting this potential was not a hearing loss per se. Rather, it was the character of social, educational or employment environments that could impede their child's fulfilment, in particular if they did not accommodate their child's use of BSL:

> The only thing I've worried about was job wise, later on, that's really the only thing because the only thing wrong with her is she can't hear well the way we do, she can't speak the way we do but there's a way out of that ain't there so that's going to come so it's really job wise, what sort of jobs is there for deaf people... (012)

> I want her to fulfil her potential whatever that is. It's not difficult because she's deaf, not because she's not intelligent enough, but it's getting things over to her, which is why I think she needs BSL. (025)

Through the presence of deaf people, parents are, at one and the same time offered a positive picture of their deaf child and confronted with a sense of not knowing their deaf child. This is a tension that occurs because parents are faced with seeing their child in an unfamiliar context - that which Deaf Consultants makes real for them. In this context it is more difficult to think of the child as an incomplete or impaired version of a hearing child, but consequently it is also more difficult to envisage their child.

7.8 Issue Three: The Intervention

7.8.1 Communication between Deaf Consultant and Parent

In the intervention, the nature of communication between Deaf Consultants and parents was a key issue for both. Their comments were concerned with practical aspects of whether they were going to be able to understand each other and also with more pedagogical aspects. In particular, there was some confusion, voiced by the teachers also, over the extent to which Deaf Consultants should communicate in BSL with parents in order for them to learn BSL.

7.8.2 Deaf Consultants

All the Deaf Consultants explained that they had been concerned at first how they were going to be able to communicate with the parents on home visits and whether they would be able to understand them. However, after the initial concern, none reported that there were serious problems. The lack of communication problems was largely a result of Deaf Consultants being very flexible in their communication with parents, including speaking, using sign and speech together, or writing things down if parents could not understand their voice or signing.

However, half of the Consultants were worried about whether they 'should' be using their voice or not:

> I do a lot of talking with families and I sign, but sometimes when signing I get confused whether its SSE or BSL. I use my voice all the time. I find it difficult to switch off (my voice). Perhaps I do switch off, perhaps without knowing. Most of the time I use it because I was brought up to use it. It's difficult to know which I am doing, what I'm doing. I'm just hoping hearing families understand what I am saying. Maybe I give them a clue by using my voice. (013)

> I want to know. I want to know things like do you want me to use my voice or not. My voice is strong, I know my voice is strong. (017)

The other three did not tend to use their voice much anyway in communication *with hearing* people.

The origin of this question over whether to use voice or not was not discussed in detail by the Consultants, but was more like a nagging worry. However, implicitly, there were two concerns connected with it and which were taken up in the parents' and the teachers' responses. Firstly, whether parents preferred them to use their voice or not and if so, why, and secondly, whether they should refrain from using their voice, because in doing so they were not being 'models' of BSL.

7.8.3 Parents

Like the Deaf Consultants, for parents, the most common cause for concern prior to starting home visits was how they would be able to communicate and whether they would look stupid if they could not. As parents talked about what the reality of their experiences had in fact been, it was clear that they had now very wide experience of many different forms of communication that deaf people may use with them. Particularly, the parents who were being visited by their third Consultant, displayed a sophisticated understanding of the range of deaf people's language skills and how these differed between different deaf people in different situations:

> I told someone that I was having C [Deaf Consultant] coming and the person said to me, oh you're going to find it really hard because she doesn't use any voice at all and em she just signs and you have to sign to her and she signs very fast. (007)
>
> ... but the second deaf person that came was able to speak quite well and intelligibly and lipread quite well so it was really you know, quite good. (019)

Within this range, the most significant variable for the parents was whether the Deaf Consultant could speak and if so how well they could speak. However, there were three distinct reasons why speech had a significant effect. Firstly, parents whose initial Deaf Consultant had good speech skills, valued this highly for its effects on their confidence. Finding they could communicate in speech reassured the parents that they would be capable of working with a deaf person and helped them believe that they could learn to sign:

> ... but if there's a deaf person coming into the house and we can't sign you know it would be a bit I don't know what to say to her sort of thing...[but] it was quite good really because I met her at F [preschool group] and even though she is deaf she speaks really well, the first one we had so that's no problem at all. And I think having someone who could speak and sign the first time round was a good idea and it sort of got us used to having someone who was deaf coming to the house and you could see that even though she could speak really well she couldn't hear what was happening around. (016)

Secondly, speech was valued as a "back up" (012) strategy in how the Deaf Consultants were teaching parents. For example, if a parent did not understand something, the Deaf Consultant could repeat it in speech, or the Deaf Consultant would use sign and speech together to get over the meaning. Some parents found this a great aid to learning:

> ...we had M [Deaf Consultant] the first time and again I think she was lovely for the first time you know, because she can talk so well. If we didn't understand something she would tell us, which was lovely. (014)

Thirdly, however, some parents' by contrast, had experience of a Deaf Consultant who spoke far less, if at all. Furthermore, for some parents this was the case for their first Deaf Consultant. Without voice, parents found it very difficult to communicate during sessions, however, most described this experience as very positive, if frustrating at times,

because it forced them into a position of having to learn to sign, they had no choice. Several resorted to writing things down for clarification, but the slowness of this was just a further incentive to learning to do without:

> ...she was the first one. There was no speech, no back up, you had to rely completely on guessing what she was signing because if she's learning you a sign you can't hear the word, it was hard...at first I thought...how can you learn the sign when you don't know what she's [signing], but we got there and if it was really bad, we really couldn't get it because some things are obvious and some things no, who knows why they use that one, and in the end we'd have to write it down, but we didn't have to do that very much but there was odd occasions so I mean we even got over that, so no problem. (012)

> And the first girl we had oh I was in the kitchen and I was making some tea and I heard this noise and I thought oh God I'm not going to understand a word she says...the first visit was obviously difficult but as the six weeks went by T [Deaf Consultant] had to write less and you know just sign and we could understand more from sign and just sign back to her and you know we didn't have reams of paper at the end of the night on the floor... (021)

Whether the Deaf Consultant used their voice or not clearly affected their 'teaching'[9] style and the parents' learning style. The central distinction would seem to revolve around a difference in emphasis over whether the medium of teaching and target of that were the same or not. Some Consultants seem to have taken the approach that to learn sign language, parents had to be exposed to a model of it and struggle through with it. Although some concessions were made to English for the purposes of clarification and presumably the Deaf Consultants simplified their signing, the emphasis was on parents learning to sign through sign, right from the start. Other Consultants, however, appear to have taken the approach that, at least initially, parents should be taught sign language largely through the medium of their own language - spoken/ written English.

This difference in approach highlights several key issues. Firstly, whether Deaf Consultants should be presenting themselves as a strong models of BSL to parents who may not be aware of what that is like, or whether they should be presenting themselves as models of how varied and flexible deaf people's communication can be through both speech

[9] None of the Deaf Consultants had formal qualifications in teaching.

and sign. Secondly, it demonstrates a perceived tension between addressing parents emotional needs to remain confident and to be reassured and on the other to confront parents with what may be a difficult reality with regard to communication and language. Thirdly, the Deaf Consultants are clearly very varied in their own backgrounds and language skills, which contributes to some being more comfortable with one approach than the other.

It is interesting to note, that the teachers did not comment on any of the practical or pedagogical issues that might be involved in Deaf Consultants and parents communicating. They confined themselves to expressions of the appropriateness of deaf people teaching "their own language".

7.9 Hearing and Deaf People Working Together - The Teachers and the Deaf Consultants.

Discussion concerning how the Deaf Consultants and teachers worked together, concentrated both on how the services they provided fitted together within the structure of early intervention and also on issues in personal/ professional contact.

7.9.1 Teachers

One of the teachers described how there had been initial concerns when the Deaf Consultants started to work with them, that their presence would undermine the teachers' role with parents:

> ...a worrying that there would be an undermining of some of our work...and perhaps parents would sense she doesn't sign very well, what use is she to me...that there might not be any more useful role for us perhaps... (005)

In reality, this had not proved to be the case and the teachers had formulated a very clear distinction between their role and that of the Deaf Consultants around the notion of scope.

The teachers regarded themselves as having "a wider brief", "a broader area", whereas the Deaf Consultants were specifically "focused", had a "definite issue", "an area of expertise". The wider brief of the teachers included a counselling role, acting as providers of information, educational advice, liaison with other services and assisting with family problems. On the other hand, the Deaf Consultants, as perceived by the teachers, concentrated on BSL, the development of communication skills in the family and an introduction to the Deaf community.

However, having established this general distinction, the teachers described that in practice there was a great deal of "cross over" in their work, although this was largely confined to one specific area - that of language development. All the teachers regarded themselves and the Deaf Consultants to be pursuing a common aim, variously expressed as "working on communication and expanding language" (001) and "oiling the wheels of communication" (005). The difference between them lay in the means to that aim, distinguished by the teachers concentrating on speech/ hearing and the hearing world and Deaf Consultants concentrating on BSL and the deaf world:

> Ultimately our priorities are very, very similar, but the ways in which we're getting there are perhaps quite different...the Deaf Consultant tends to focus very much on communication skills and the deaf world with deaf culture, deaf community and the teacher of the deaf tends to concentrate more on using hearing aids and support groups that are largely consisting of hearing parents. (004)

> Hearing families are very concerned about schooling and educational placement, will my child learn to talk? What will their speech be like?...A Deaf Consultant won't be asked the same sort of questions. (008)

In effect, the teachers were describing a practice model in which the two inputs were regarded as very distinct, but co-existing without being divisive. Two teachers summarised this as them running in "parallel" (002, 004). Indeed many of the descriptions of the effectiveness of the teachers and the Deaf Consultants working with the same families arose out of this formulation of difference but co-existence. Thus, some teachers spoke in terms of the families now receiving a "whole" picture, rather than a "fragmented" one: "Hopefully we've got all of the pieces of the jigsaw together" (004). Others drew

attention to the value of parents having the experience of seemingly opposite approaches re-inforcing each other, as both, for example, worked on the same pre-language skills with parents (eye contact, attention etc.).

This picture of independence but co-operation, is reflected also in comments on the personal contact between teachers and Deaf Consultants. Descriptions of liaison were highly variable and individualised. Whether there was good or poor liaison between them depended greatly upon whether there were structures in place for them to meet. Some teachers had evolved these, others had not. There was no central nor consistent mechanism for teachers and Deaf Consultants to meet together[10]:

> I do find the Consultants we see regularly, who are here then it's nice, you can have quite a lot of feedback. If we don't see them, then I find that a bit hard, I'm only getting feedback from the family then. (003)
>
> ...for instance, I've never actually seen one of the Deaf Consultants doing the second block...which is terrible really...I thought she was somebody else and I suddenly met her a couple of weeks ago... I don't think that's good. (005)

The teachers were, however, unanimously dissatisfied with this situation because although they and the Deaf Consultants may be working with the same families, they did not feel they were co-working with them. In this respect they identified two major benefits from improved liaison: it would enable better planning and targeting of the work they both did; it would enable better assessment and evaluation of families' progress:

> We need more liaison at the start and mid way through to see what the Deaf Consultant feels the family is looking for and to see if that's what the teacher feels the family is looking for, because if they are seeing it from different angles then that needs really to be discussed, because otherwise the family aren't going to get necessarily what they are wanting. (003)

It was remarkable that in all the discussion on liaison and working together, none of the teachers mentioned any issues to do with language or communication used between

[10] Writing now two years after data collection, the teachers and Deaf Consultants have a well established structure for liaison and joint planning.

themselves and the Deaf Consultants, despite the fact that only one of the six teachers had fluent BSL. The Deaf Consultants also did not discuss this. This would seem to indicate either that the Deaf Consultants were extremely flexible and accommodating in their communication with the teachers, or the amount of contact that some of the teachers had was so little that it had not become a critical issue.

The overall impression left by the teachers' comments on their working practice with the Deaf Consultants is one of a model of two independent service inputs and service providers, that although existing within the same framework, are not integrated. The resultant effects for parents arise from them having access to both and the generally complementary nature of the services, rather than through joint planning using both inputs in a manner tailored to the particular needs of a family.

7.9.2 Deaf Consultants

The Deaf Consultants comments confirm the impression of the two services operating largely independently although with the same families. They reported minimal if any contact with the teachers and this was the situation regardless of how short or long a time the Consultant had been working on the project. Like the teachers they were very concerned to improve liaison for the purposes of joint planning and assessment of services to individual families.

However, two of the more experienced Consultants went beyond this general concern for a more integrated service to point out that there were differences between them and the teachers that needed to be addressed for the families' benefit. Firstly, being deaf, they were bound to notice different things and make assessments on different grounds from the teachers. Secondly, they were bound to have a different point of view over many issues from the teachers. These Consultants felt these matters should be discussed openly and in more detail, in order to both deepen understanding of individual families and to avoid potentially confusing and contradictory messages being given to families. In other words,

having different means to the same aim was not necessarily considered as benign and complementary as the teachers believed:

> One teacher said to me, you shouldn't do that. You've given the parents high hopes. Like she [the teacher] looks at the child and can see their future, can't lipread, eye contact poor. And the mother's saying will my child one day speak, is there a possibility they'll speak? What can I do? And I say, wait until the child is 3 or 4 and we'll see how it's developed then. And the parents and the teacher questioned me and they said do you think he'll speak. And I was taken aback. I don't know I said, wait and let the child grow up. Perhaps it will have confidence signing. So all three of us have a different point of view. It's a bit dangerous really, parents get confused. (020)

Unlike the teachers, the Deaf Consultants were not concerned to delineate their separate roles. The fact that they were deaf and the teachers were not was delineation enough. However, they were concerned about what their role with the teachers was. Four out of the six Consultants explicitly stated that they felt they had a role in educating the teachers about being deaf, not just the parents.

> I think they can't do without us in one way...they ought to be grateful they have some deaf people to help them. They're not deaf themselves, they don't know what it is like...so we are doing something good in a way, we're helping them and we're helping the families. So we're helping both sides. (013)

Some were satisfied that they were fulfilling this role and the relationship between them and the teachers was "good". However, others felt concerned about the input they should be giving the teachers because they had such little contact they were not sure what the teachers actually did with the families or what they thought about the Consultants' work.

The impression gained from the Deaf Consultants' responses was that whilst on the surface there were "no problems, not really" (015), "no arguments really" (010) this was more a reflection of the fact that there was little contact between them and therefore, differences were not openly discussed. The Consultants did not seem to regard the differences between them and the teachers as divisive, but rather as a resource for parents and teachers that was not being used enough.

7.9.3 Parents

In around three quarters of the interviews with parents considerable confusion arose over whether at times they were referring to the teacher or the Deaf Consultant.

On one level, this was a simple linguistic confusion of terms, with different parents using different terms for the same people, largely interchangeably. Specifically, it was difficult to know who was being referred to by the terms "teacher of the deaf"; "deaf teacher" and "teacher who's deaf":

> Oh, we've got them mixed up. G is the teacher of the deaf, I don't see her, my mother sees her during the day, I just see our teacher who's deaf. (009)
>
> [Referring to the peripatetic teacher:] T, my deaf teacher, she started coming once every three weeks... (014)

However, this confusion perhaps was also about there being, from the parents' perspective, less of a distinction in roles between teachers and Deaf Consultants than the teachers would maintain there is. Firstly, for many of these parents, both the teachers and the Deaf Consultants were perceived as fulfilling a teaching role. Secondly, for some parents, Deaf Consultants and teachers were seen to swop roles, in comparison to how the teachers had described the distinction between them. On the one hand, for some parents it was the teachers who initially introduced pre-language interaction strategies and encouraged BSL. On the other hand, it was the Deaf Consultants who fulfilled a counselling role, in that they were the ones parents felt they could really talk to about their feelings and their deaf child.

Thirdly, there is also perhaps an underlying effect, though not explicitly acknowledged in the interviews, of parents' conceptual categories being under challenge. The teachers are no longer necessarily the expert professionals and the deaf people objects of intervention. Rather deaf people are also now the experts offering a different kind of advice and support, not previously available via the teachers. The teachers advice and

support is now appraised by parents in the context of them, by contrast with the Deaf Consultants, not being deaf nor having deaf children.

> I always thought L [teacher of the deaf], that she was the mother of a deaf child, I don't know why...I always thought when L came that was what her role was in anything and she said that I'm here for you to help you and I thought oh well perhaps she's got a deaf child...then when I thought she weren't anything of the kind to do with a mother really of deaf children I thought well, you know, what are you here for. I really felt the things she were telling me, well what do you know 'cos you haven't been through it... (023)

> ...the things I wanted to know really are not, professionals you learn this, you do that, if you know what I mean, there's a way to go, but the things I wanted to know was, how does one cope in a hearing family when you're the deaf one...professional people can say yeah, there is sign language available, yeah there's speech therapy available, she may talk, she may sign, which I knew anyway, but they couldn't say to you how does one deaf person fit in a family of six people that are hearing, do they always understand what's going on in the house, did they get enough from the people they lived with to follow? (012)

The evidence from all three groups of respondents concerning deaf and hearing people working together within this context of early intervention, would seem to indicate that it is not enough simply to have the two groups of service providers and the two kinds of input present for the service to be effective for parents and children. The practice model also requires that there be some structure for the integration of the two services and personnel which exploits their socio-cultural, linguistic and personal/ professional differences also. Although deaf and hearing people may fulfil different roles within the intervention, having both present as service providers challenges the boundaries of those roles.

7.10 Fathers and Siblings

The teachers consistently described their work as "family focused". By this they meant firstly, that their support and advice to parents concerning their deaf child took account of

the context in which the child was being raised. Therefore, consideration was given, for example, to the individual characteristics of family members and the nature of inter-relationships between them, the economic circumstances of families and pressures and resources, all of which contributed to how families were coping with their child, their needs within intervention and their response to that intervention:

> Very much looking at the child's needs within the family rather than looking at the child's needs almost as a separate thing. (004)

Secondly, family focus implied, in the early stages, a concentration more on parents than the child, in giving parents information and counselling.

Although the family focus remained the philosophy throughout, after the very early stages, the teachers' contact was primarily and consistently with the mother and any brothers or sisters that may be under school age and, therefore, at home. It was mother who was perceived as the main care giver and the main participator in intervention services. It was very difficult to engage fathers.

For these reasons, the teachers perceived one of the great benefits and strengths of the Deaf Consultants' work to be the way in which they could involve the whole family, particularly because the sessions occurred in the home and invariably in the evening when the father could be home from work and the children back from school. However, both the parents and the Deaf Consultants reported that this was not the case.

Despite arranging to have visits in the evening and at home, the Deaf Consultants reported that fathers were very rarely present and they worked mostly with the mothers and only occasionally with the siblings. They suggested fathers are not there firstly because they are working or are too busy. For example, they may come home from work while the Consultant is there but not participate because they have been working and are too tired. Secondly, some Consultants suggested that some did not participate because they did not see it as their role. A usual pattern was that fathers considered it the mother's role to learn to sign and then they would pick up what they needed indirectly from the mother.

Of the parents interviewed, all but two were mothers. It proved very difficult in the cases where there was a father in the family, to engage them in the research. Despite being offered the opportunity to be interviewed at their convenience they were largely unwilling to take part. The mothers interviewed confirmed that fathers were very rarely present during the Consultants visits largely because they were working or too tired. Of the two fathers who were interviewed, one had been consistently present at every session the Deaf Consultant had done, however, he was highly unusual in this respect.

The Deaf Consultants expressed a very strong conviction that fathers should be present:

> My view, before a person is allowed home visits from a deaf person, someone should say, both partners have to be there, husband and wife. (020)

They were concerned that unless fathers became involved directly in learning to sign, rather than indirectly through the mother, then they would not form as close an emotional bond with the child as the mothers did. Two of the Consultants described from their own personal histories the painful experience of having little communication and, therefore, little relationship with their fathers. Also one of the Consultants suggested that fathers must learn to sign because the mothers need their support with this also.

With regard to siblings, the Deaf Consultants did not report a high frequency of sibling involvement during home visits. They have found that siblings when present often pose a problem for mothers, in that they may distract the mother and compete for her time and attention. Consequently, mothers had problems concentrating and learned a lot less:

> One home visit I went on it was really amazing. There were 6 children there, it made my head hurt. It was fantastic but the mother didn't learn any sign language...But then with six children, how would sign fit in? (020)

> On home visits it's me and the mother and the children playing around...On the visits there was trouble, the mother would be in and out all the time on account of the children, just the same as my children. (017)

Two of the Consultants saw this situation as a reflection of a wider problem of how to use sign language in a family where there are deaf and hearing children. This is an issue raised by parents also in connection with their use of voice while signing (Sec 7.4.3).

Some parents also reported that brothers and sisters could be a disruption during sessions with the Deaf Consultant, but a lot depended upon the age of the child and their individual personality (shy, attention seeking) and whether they were interested or not. The parents were generally not too concerned about whether brothers and sisters participated or not, however, for the Deaf Consultants it was a priority. They expressed a strong belief that deaf children "needed" their brothers and sisters, therefore, it was important that they learned to sign at as early an age as possible while it was still, as one Consultant put it, more like a game.

The evidence concerning fathers and siblings points to three areas that require more detailed consideration. Firstly, how fathers perceive their role with regard to learning and using BSL; secondly, and relatedly, why it is difficult to engage them in this; thirdly, what are the practical considerations involved in parents having to use two languages with their deaf and hearing children.

7.11 Issue Four: Deaf Culture and the Deaf Community

Definitions and explanations of Deaf culture and the Deaf community varied between all three groups. This was not surprising given the expected differences in background and perspective. However, the pertinent issues to emerge from the responses concerned the relevance or not of Deaf culture and the Deaf community to the child's early socialisation and its practical implications for families.

7.11.1 Teachers

The teachers were able to offer a very clear and detailed description of what they understood by 'Deaf culture' and the 'Deaf community'. Their descriptions of Deaf culture were taxonomic (c.f. Ch. 4) covering social life, behaviours, language, arts, history and organisations. The Deaf community was variously discussed in terms of who counts as a member and the social activities of the community or club.

All the teachers, to a greater or lesser degree, made reference to the influence of the Deaf cultural paradigm on their own working practice. Comments fell into four related categories: acknowledgements that they now had a much more "positive attitude" to deafness; not viewing deafness as a serious handicap; acknowledging the non medical/ non audiological features of being deaf, such as "Deaf Identity"; and acknowledging the relevance of the Deaf community to the child as somewhere they may eventually find their "natural place" (004):

> Perhaps it [the deaf home visiting project] has made my attitude more positive, my attitude to deafness itself. (008)

> I've got a more positive outlook on the deaf community and don't regard it as something isolated and tucked away that we don't really talk about. It's the natural place for many children and it would be wrong to deny them that opportunity. (004)

The relevance of Deaf culture/ Deaf community with regard to parents, was described by the teachers very much in terms of "awareness" and "access". The parents were in effect, given a way in to understanding the "deaf world" *and their child had access* to both deaf and hearing worlds:

> Before deaf adults were involved with the family through the Deaf Home Visiting project, it was difficult to assess the need for contact with the Deaf community in that way. (001)

> That the child is happy and able to communicate with his family, with all members, and able to communicate within the deaf world...and hopefully with hearing friends as well, so that they have access to the two, hearing and deaf worlds. (003)

However, some of the teachers were struggling with translating this assumed relevance into what the implications of this were in practice for families. In this respect, two of the teachers expressed some concerns about tensions or difficulties that might arise for families in taking into account "both worlds":

> To make that bridge to both worlds is very, very difficult. Some families never really get that far at all... (003)

> I do feel strongly that deaf children need to have a healthy identity and know that they are deaf children, but...I find myself getting a bit uptight if I feel there's a sort of feeling that they belong to use [the Deaf community] you know, because I don't feel that they do.... (005)

The relevance of Deaf culture/ the Deaf community and the practical implications of such relevance were also issues referred to by parents and about which they were unsure.

7.11.2 Parents

Few parents had heard the term "Deaf culture". Those who did comment on Deaf culture generally referred to things that they had been told by other people were examples of it. Even if able tentatively to give an example, they were puzzled about how the example could have anything to do with 'culture':

> ...I don't really know what it means, what deaf culture means. Somebody said deaf culture means that deaf people tell jokes differently and things like that. If they were told a hearing person's joke they wouldn't understand it because you know the English language, whereas if we were told a deaf person's joke we wouldn't understand it in quite the same way...I've heard it on the See Hear programme when they talk about deaf culture and is it changing because something or other not wanting it to exist anymore... (016)

> Deaf culture, is that where a deaf person will automatically go to another deaf person? (014)

However, most parents felt they understood what the 'Deaf community' meant and offered explanations based around ideas of a collective of people who were all deaf, who shared common interests/ concerns and pursued a social life together.

Very few parents, spoke of Deaf culture and the Deaf community in terms of having any immediate relevance to themselves or their child. It was notable that most comments made about the Deaf community were in the context of adults, not children being members. One parent (016) explicitly said that she thought it was something for the child when they were older.

The one exception to this picture of lack of relevance was one parent (021) who likened her involvement in a Deaf Club to that of being a Gentile in Jewish culture. However, she persisted on going, despite feeling uncomfortable, because she thought involvement in the Deaf community was highly relevant to her improving her BSL.

> ...although I qualify to go to the Deaf Club, I mean I'm involved with deafness because I've got a deaf child, I'm not deaf myself. I'm still one of them, I'm still one of the hearing people and this is not something that I hold against deaf people. I think this is something hearing people have engendered or created because they forced sign language under ground almost, because they have not integrated deaf people into society. Rather like being Jewish, deaf people, Jewish people stick together and when outsiders come along they are naturally suspicious, I mean I wouldn't like it. (021)

7.11.3 Deaf Consultants

The Deaf Consultants found it very difficult to offer any descriptions of what is meant by the Deaf community and what is Deaf culture. This is perhaps not surprising in that any members of a culture would find it difficult to describe what characterises them. However, one Consultant specifically said she had no idea what Deaf culture was (010), one identified it as the Deaf Club (013) and for one it was most definitely BSL and a visual world:

> [Deaf Culture] It's different, it's a different world. It's about eyes and eye contact, visual, that's what I think. It's eyes and eye contact all the time. It's all to do with eyes. It's confidence as well, being a part of things, mixing. I like that. It's language, it's BSL. Writing things down is different. In the future there will be no writing things down. (017)

Issues concerning the relevance of Deaf culture/ Community to the deaf child and their family and the implications of this for the family, were not explicitly discussed. Possibly this was because the Consultants did not assume relevance to be a separate issue from the fact that the parents were getting direct experience of Deaf culture through interaction with them, their attitudes, experiences and language. However, there was one exception from one Consultant who expressed some concerns that families may find it very difficult both to accept the necessity of mixing with the Deaf community and actually practically to do so (020).

The evidence from the three groups of respondents suggest that in the implementation of this particular intervention programme, Deaf culture and the Deaf community are not explicitly addressed with parents, but rather implicitly parents gain experience of them. Although there is only a small amount of data available, there would seem to be tendency on parents' part not to perceive Deaf culture or the Deaf community to be directly relevant to them and their child through childhood, although it may be considered so later. The few concerns expressed by teachers and one of the Consultants suggest that the extent to which Deaf culture/ Deaf community practically plays a role in the socialisation of deaf children and families' reactions to this, requires greater consideration.

7.12 Conclusions

In a field in which there is little empirical evidence, this study has identified key concepts and concerns that are shared by both the agents of the intervention (whether deaf or hearing) and parents. However, all three groups of respondents have also been shown to differ vastly in the frames of reference they use to understand the same issues. They display different priorities and values. The same concepts do not have identical meanings nor are enclosed by the same parameters. Furthermore, the divergent frames of reference with which each group operates clearly influence definitions, expectations, assessments and actions within the intervention.

Table 7.1 provides a short summary of the principal concepts and concerns as variously undrestood by the three groups of respondents. The following Chapter will discuss their significance in detail with regard to the orginal research questions. The implications of these findings for Study Two will be indicated.

Table 7.1 Study One: Principal Concepts and Concerns

Issue	Deaf Consultants	Teachers	Parents
Confidence and Comfort	Result from parents learning/ using BSL to build a close relationship with child.	Are a prerequisite to parents' use of BSL and may be threatened by parents' learning/ using BSL.	Arise from positive 'attitude' to child engendered by BSL/ deaf role models.
BSL and the Child	Must have access to BSL. Vital for linguistic/ cognitive/ social development Parents should aim to use BSL.	Easy, comfortable interaction between parent and child is vital. Does not have to be BSL.	Aim to use BSL. It offers the child a real language and potential for normal development and normal relationship with parent.
Parents Learning and Using BSL	Parents' attitude (interest and involvement), most important indicator of success/ progress. Leads to questions and exploration of language.	Possibly too difficult for parents to learn BSL. Risk of -ve effects (pressure, add to emotional burden). Need to be careful not to expect too much of parents.	Like learning a foreign language. Same range of difficulties and frustrations as any learners. Not good at it yet. A small minority overwhelmed by the difficulty.
Characteristics and Definition of Parents' Signed Communication	Mainly single signs in English structured sentence. Lots of use of voice. In some cases these features consistent with being BSL, in some cases not. No concern to label parents' signing.	Mainly single signs in English structured sentence. Lots of use of voice. Some parents' signing is rich, but not consistent with being BSL. Ideal = BSL, reality = SSE.	Mainly single signs in English structured sentence. Lots of use of voice. Some parents' aiming for adult model fluency. Some parents concerned with practical useful signing. No worries whether BSL or not.
Development of Two Languages Within a Bilingual Model	BSL is the best first language for the child. Not all communication options of equal potential for child. Speech/ English - a concern of later development/ education.	BSL gives parents a wider choice; provides a resource for developing their signing; provides scope for the evaluation of child's preferred communication. ['melting pot' view.]	BSL will not interfere with the child's development of English; useful if child cannot grasp the spoken message; a fall back if English is not viable for child.
'Childness' and Deafness	There is no separation between the child as a child and the child's deafness. The child is a 'deaf child'. This is a source of identity.	The child is a child first with individual characteristics and potential not circumscribed by deafness.	The child is like any child, same potential, but constant examples of how deafness makes the child not like any child.

Cont.

Table 7.1 Cont.

Issue	Deaf Consultants	Teachers	Parents
Deaf Consultants Visiting Families	Beneficial. Reduces parents' fear, anxiety. Parents see positive deafness. Deaf people do the same things but are different.	Beneficial. Reduces parents' fear, anxiety. Parents see deaf people do the same things, they are like hearing people.	Beneficial. Reduces fear, anxiety. Possible to get to know deaf people as individuals and friends. Confronts parents with having to search for the world of their child. Can be uncomfortable realisation.
Communication Between Deaf Consultants and Parents.	Initially very anxious how they would communicate. Confusion whether they should use voice. Some teach BSL through BSL, some use written English/ voice. Concern whether they should be models of BSL or models of flexible communication.	Deaf Consultants are appropriate to teach their own language.	Initially very anxious how they would communicate. A Consultant using voice useful at first. Consultants using BSL more helpful later. Sophisticated understanding developed of different ways deaf individuals communicate in different settings with different people.
Teachers and Deaf Consultants working together, models of practice	Not concerned with delineating roles. Independent services operating in parallel. Not enough attention paid to differences in assessment and point of view between teachers and Deaf Consultants.	Teachers have a wider brief, broader concerns. Consultants teach BSL. Both services running in parallel but have the same aims. Little joint planning.	Roles of teachers and Deaf Consultants overlap considerably. Use different people as preferred for similar problems. Deaf Consultants teach BSL.
Fathers	Fathers rarely present at home visits, show little commitment. Deep concern that fathers should learn BSL in order to form a relationship with the child and support the mother.	The Deaf Consultants visiting at home engage, or should engage fathers.	Mothers interviewed agreed fathers, if there was one in the family, were rarely present during home visits, though expressed a willingness to learn to sign. One father interviewed was an exception to this picture.
Deaf culture/ Deaf community	Hard to describe. Introduced to the family through parents getting to know them personally.	Text book descriptions Awareness and access to Deaf culture Deaf community important. Some concern how parents will bridge two worlds.	Confused about what Deaf culture could mean. Seems of little immediate relevance to the child or family.

CHAPTER EIGHT: REFLECTIONS AND CONCLUSIONS (STUDY ONE)

This Chapter will consider the findings from Study One in light of the original research questions. It will draw conclusions indicating issues for further consideration in Study Two (Sec 6.8.1).

8. 1 Family Adjustment and Early Intervention on Bilingual/ Bicultural Principles

8.1.1 Introduction

As previously reviewed, family adjustment to a deaf child has been described by applying various models, which seek to accommodate both the homogeneity of the event (a child who is deaf) and the heterogeneity of the family (Sec 2.2). However, early intervention on bilingual/ bicultural principles, potentially introduces a third dimension to be accounted for in understanding family adjustment. Namely, what it is to be 'deaf' becomes itself open to question, as a socio-lingusitic cultural definition replaces one based on impairment from the hearing normal (c.f. Ch 4).

This circumstance has lead to two considerations. Firstly, there has been an attempt to identify the new elements, be they ideological or practical with which bilingual/ bicultural intervention confronts parents (c.f. Ch 5). Secondly, assessments have been offered concerning whether the consequences of these new elements are advantageous or not for the family. Thus, for example, debates arise such as whether a bilingual/ bicultural intervention increases or reduces the pressure experienced by parents (Sec 5.2).

However, in making such assessments, little attention has been paid to the assumptions regarding adjustment that underlie the predictions of positive or negative impact. This is an extraordinary omission considering that family adjustment is not a single state but a process and how one may define 'adjustment' differs considerably depending on the model that is applied to the process (Sec 2.2).

Study One has attempted to address this consideration by adopting a methodology that has allowed for the study of the concepts and practices bilingual/ bicultural interventions introduce, alongside the understandings of family adjustment held by those who discuss its impact. Consequently, it has become possible to chart not just *what* the influence of a bilingual/ bicultural intervention might be on particular features of family adjustment, but rather *how* the influence of one on the other is conceptualised.

Three distinct models have emerged with which to understand the impact of bilingual/ bicultural early intervention on family adjustment to a deaf child.

8.2 Understanding the Impact of Bilingual/ Bicultural Intervention on Family Adjustment

8.2.1 The Separate Effects Model

The teachers interviewed in Study One consistently provided examples of what will be termed the 'Separate Effects Model' for explaining the impact of the bilingual/ bicultural intervention on family adjustment.

The 'Separate Effects Model' is distinguished by on the one hand, a strong awareness and support of the radical new features early intervention on bilingual/ bicultural principles brings to families. On the other hand, traditional understandings of processes of family adjustment are regarded as still being applicable to families involved in such interventions. Effects such as grief, stress, the creation of homeostasis and the continuity of the family, do not of themselves alter in the face of a new model of intervention. Therefore, in considering the impact of bilingual/ bicultural interventions on family adjustment, the key issue is whether its radical new features can support those processes in family adjustment regarded as facilitative or whether they threaten to undermine them.

For example, parents' confidence and comfort with their child (Sec 7.2.3) were regarded as vital in parents achieving a steady state from which they would be able to

begin to make progress in communication with their child and enjoy their child. Teachers were at great pains to create this homeostasis. Therefore, whilst parents' access to BSL and meeting deaf people was strongly supported, their value was set against how such experiences could adversely effect parents' confidence and comfort with their child.

Similarly, teachers expressed concerns about the destabilising effects of parents feeling they had to learn and use a completely different language with their child. Given that parents were likely to be experiencing some emotional dislocation from their child anyway attendant on the child's deafness, teachers were worried that BSL in being so alien and so unconnected with their previous experience, could add to this (Sec 7.3.3). Given these fears, the BSL/ Deaf input was not rejected, but rather parents were encouraged to make selective use of it. In this way it could be used as a resource to support their pre-existing communication and patterns of interaction with their child (Sec 7.6.2), rather than represent a break from these.

With regard to the child's identity as a deaf child, the teachers strongly supported parents' access to deaf people and deaf life experiences in helping them build up a picture of their child. This contact was valued for the way in which it could reinforce parents' normative experience of having a child. Namely, parents could learn that they need not abandon positive dreams about their child and deafness was not necessarily a tragedy (Sec 7.7.1).

However, although the 'normative' understanding parents were discovering of their child was not the same as if the child were hearing, the emphasis was not placed on the radical differences this therefore implied. Rather the emphasis was placed on the sameness and continuity of family experience such an understanding of their child's potential could promote (Sec 7.6.2).

In summary, the 'Separate Effects Model understands the impact of bilingual/ bicultural intervention in terms of how the new elements it introduces can be used to support processes identified as facilitative of family adjustment. Where there is some concern that some elements of the model in practice may instead threaten family adjustment, then these elements are modified.

This model can be represented diagrammatically as:

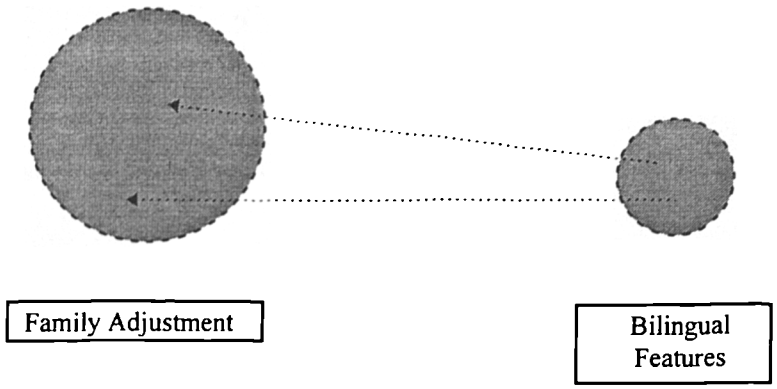

Fig 8.1 The Separate Effects Model

8.2.2 The Replacement Model

In complete contrast to the separate effects model, what will be termed the replacement model, understands the impact the bilingual/ bicultural model on family adjustment in terms of it radically altering what family adjustment actually entails.

It is not that the new elements introduced by the bilingual/ bicultural model act upon the family adjustment process (however that process may be understood), but rather that what is understood by family adjustment becomes itself completely redefined if one assumes a bilingual/ bicultural model. Adjustment is understood as acceptance of the principles of the bilingual/ bicultural model and their implications for the child and family. It is a model that was consistently held by the Deaf Consultants.

For example, Deaf Consultants talked in terms of parents having to accept very straightforwardly their child's need for BSL and their need to learn it if the child was to develop cognitively, linguistically and socially (Sec 7.2.2). Parents would have to accept that there was nothing "wrong" with their deaf child (Sec 7.6.4). The child was

not a hearing child with an impairment, nor was there there any point in distinguishing 'the child as a child' from the child's deafness (Sec 7.6.4). Rather, parents were encouraged to accept their child as a deaf child in the holistic sense offered by the socio-linguistic, cultural perspective of the bilingual/ bicultural model.

Consequently, the difficult and distressing experiences and emotions parents might go through, take on a different status in the replacement model than they did under the separate effects model. There is no denial these feelings exist. Parents may indeed experience a loss of confidence, stress, distress and feel very uncomfortable, for example (Sec 7.6.4). However, it is not presumed that they are the stuff of adjustment itself. Rather they are more an accompaniment to adjustment.

Thus, it is presumed that their resolution will occur as parents are able to make the changes in attitudes and behaviours that the bilingual/ bicultural model initiates. If parents succeed then ultimately they will be confident and competent communicators, they will have a mutually satisfactory relationship interaction with their child, they will not be anxious or worried about their child's capabilities, potential and future life and so forth (Secs 7.2.2; 7.7.1).

Thus, in understanding adjustment in terms of new 'acceptances' the bilingual/ bicultural model initiates, the dichotomy between family adjustment and the effects of a bilingual/ bicultural model, is disallowed. Rather what is adjustment simply becomes defined in terms of achieving within the bilingual/ bicultural model and in this way resolving that which may be difficult for a family to manage in having a deaf child.

This model, can be represented diagrammatically as :

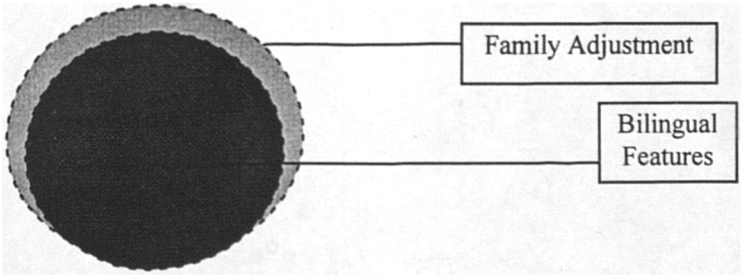

Fig 8.2 The Replacement Model

8.2.3 The Tiered Effects Model

What will be termed'The Tiered Effects Model' is one identified from descriptions given by parents of the effects of the bilingual/ bicultural intervention programme with which they were involved. 'The Tiered Effects Model' is distinguished by a recognition that the bilingual/ bicultural model impacts on family adjustment by creating tensions around 'account' and 'action'.

As already noted, with regard to family adjustment and the continuity model (Sec 2. 2), the creation of *meaning* around disability has been identified as an important aspect of parents' adjustment to their child. Interest has centred on the interaction of new meanings made available to parents through their contact with professional/ intervention services (Darling 1983; Gordon 1979; Hewitt 1970; NSW 1991), with meanings generated through the application of individual and family ideologies (Nash 1975). The resultant account families are thus able to develop of their child's disability or deafness is functional. It enables problematic features of the child's disability to be managed within the 'normal' orbit of the family (Fewell and Gelb 1983; Nash 1975; Voysey 1975).

In the case of early intervention on bilingual/ bicultural principles, the new 'meaning' of deafness was found to have a profound effect on parents' creation of an account of their deaf child and his/ her implications for the family. However, the effect of this account was not to resolve the "problematic reality" (Voysey 1975) the child's deafness might initiate for the family.

In effect parents were found to have accepted the meaning of their child's deafness offered by the bilingual/ bicultural model and in particular by the deaf people they encountered. For example, the majority of parents in Study One had clearly expressed positive attitudes to deafness, the status of sign language, its developmental significance for their child, the potential normal development and adult life their deaf child could achieve and the importance of contact with deaf adults (Sec 7.2.4.) On the whole, this account engendered considerable confidence, offered new coping resources

for families and it was a meaning to their child's deafness parents felt comfortable to accept and easy to repeat.

However, there were numerous examples of the ways in which this account parents had developed through contact with a bilingual/ bicultural intervention, did not resolve difficulties or dilemmas in family. On the contrary, it sat rather uneasily with some of the real life situations of the family, creating not resolving dilemmas for the family.

For example, whilst contact with a deaf person enabled parents to envisage a positive and competent future for their child, it also brought them face to face with a realisation that they could not presume an empathy with their child in the same way as they would a hearing child (Sec 7.2). For some parents, this effect was motivational as they embarked upon a creative search for the world of their child. For some parents, the effect was to raise concern and anxiety that they did not understand their child's experiences within their (hearing) family and what the child needed or should expect from them (Secs 7.7).

To some extent, parents reflecting on not being able to understand what it is like for their child to be deaf, is a commonly recognised phenomenon (Gregory, Bishop and Sheldon 1995, p.30). However, these parents were not simply reflecting on what it was like to be deaf in a hearing world, but also what it was like to be deaf in a deaf world.

Parents had developed a positive sense of their child's difference, rather than an impaired sense of their child. The child's use of sign language as an alternative language with great potential for their child's development was central to this attitude (Secs 7.2.4; 8.2.2). However, parents were also faced with repeated daily experiences of how their child's behaviour and their behaviour towards their child was not comparable with that between hearing child and hearing parent (Secs 7.2.4; 7.6.3). In these circumstances it was difficult to maintain a deaf as different not deaf as impaired distinction.

With regard to learning sign language and the difficulties that might be involved in that, parents expressed a very positive attitude and commitment to learning (Secs 7.2.4; 7.3.1). However, the practical realities of the task of learning and the use of the

language in the home, consistently belied the expressed aims (Sec 7.3.1). Nonetheless, the effect of this dynamic, in the majority of cases, was not to reject or be overwhelmed by the way in which reality did not necessarily meet the ideal (Sec 8.4)

It appears therefore, that under 'The Tiered Effects Model', the impact of bilingual/ bicultural model of intervention on family adjustment is understood in terms of different impacts at different levels of experience. Its effect is to create for parents contradictions and tensions. For some parents, this effect was very disturbing. However, for the majority of parents the impact of bilingual/ bicultural intervention on family adjustment was to enable them to hold *at one and the same time* the positive acceptance and socio-linguistic understanding of their child that it brought, with the practical difficulties it engendered. These effects occurred at separate levels and seemed to be treated by parents quite pragmatically.

'The Tiered Effects Model' can be represented diagrammatically as:

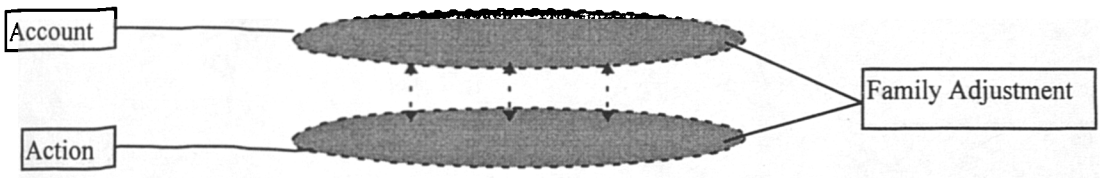

Fig 8.3 The Tiered Effects Model

8.2.4 Conclusion

Although all three models in explaining the impact of bilingual/ bicultural interventions on family adjustment are concerned with many similar substantive issues, they treat them in vastly differing manners. Parents' responses although containing elements of both 'The Separate Effects Model' and 'The Replacement Model', demonstrate a

management of the interaction between features of the intervention and family adjustment in a manner that was largely unconsidered by either the deaf or hearing professionals involved. Between the deaf and hearing professionals there appeared to be little common ground in the frameworks they used to understand family adjustment and the impact of the bilingual/ bicultural intervention they provided.

Study Two will consider with another group of parents 'The Tiered Effects Model' and the relationship between account and action. In this way it will be possible to offer some perspective on the extent to which it can be regarded as characteristic for parents of the impact of a bilingual/ bicultural intervention.

8.3 Making Distinctions Between Sign Language (BSL) and Signed Communication

8.3.1 Introduction

As already reviewed (c.f. Ch 5), there is some ambiguity surrounding parents' role as sign language users with their children, if they are following a bilingual/ bicultural model of intervention. On the one hand, there are concerns expressed in the literature, that expecting parents to learn and use sign language with their child is unrealistic and potentially divisive within the family. These concerns assume that parents will aim to use sign language, in the sense of BSL for example, and experience great difficulties in doing so. Parents are to some extent being set up to fail.

On the other hand, a dichotomy is proposed whereby parents, though engaged in the learning and use of sign language are not expected to be fluent and proficient language models of it for the child. Instead, they are freed to be communicators and purveyors of experience and knowledge within the family. As such, in the early years, there is no great concern that parents should necessarily produce sign language rather than signed communication. Deaf sign language users fulfil the child's language needs for a comprehensive model of the language s/he is aiming to acquire.

In these respects, Study One has begun to demonstrate firstly, that there is no easy distinction to be drawn around parents using sign language (BSL) and parents using signed communication in the early years. Secondly, this lack of distinction is closely linked with divergent criteria used to evaluate parents' signing.

8.3.2 Aims and Characteristics of Parents' Signing

All three groups of respondents in Study One assumed that parents' were aiming to learn and use sign language (BSL), rather than to learn and use some form of manual communication based on the spoken language, such as Sign Supported English. However, concurrently with this aim, parents' signing was consistently characterised by a use of voice in combination with signs (*simultaneous communication*). In the case of Study One, all three groups of respondents agreed that parents relied heavily on voice and used single signs in an otherwise English structured, voiced sentence (Sec 7.4).

These two conditions gave rise to a key question. Namely, whether the characteristics of parents' simultaneous communication should be considered consistent with their aim to use sign language, or whether they are a contradiction of that aim and thus evidence of parents' inability to meet it? This proved not to be a simple question. Once more, three distinct models emerged, employing three very different criteria with which to evaluate parents' signing.

8.3.3 The Discontinuous Model

One criterion that was applied to parents' signing was whether it was continuous or discontinuous with being sign language. Continuous in this sense refers to being on the same continuum. That is to say, certain characteristics of signed communication are assumed to render it definable as sign language and certain characteristics are assumed to indicate that it is off the continuum of that which could be considered sign language (BSL). This was a criterion used by the teachers in Study One.

To the teachers, parents' signing not being voiceless ('voice off') and parents' reliance on the grammatical structures of the spoken language supported by signs, indicated that the signing was SSE or SE (Sec 7.4). It could not be classified as BSL because to them BSL was fundamentally definable by its own grammatical structure and being voiceless manual communication.

Furthermore, by these criteria, parents' simultaneous communication could not be considered a stage on the way to producing BSL, nor a poor attempt to produce BSL by a learner in the early stages of learning. Rather, parents' simultaneous communication put it off the continuum of that which might be BSL and thus not consistent with their aim of using sign language (Sec 7.4.1).

The application of a standard of being continuous or discontinuous with that which is assumed to distinguish sign language is perhaps understandable in the context out of which it arose. These teachers had themselves made a professional transition from supporting a primarily Oral/Aural, or Total Communication model of early intervention (Sec 6.7.5). They were, therefore, understandably keen to make very clear distinctions between BSL and other forms of signing that might appear similar to those associated with previous models.

However, the consequences of applying this standard is that one is left with very high expectations of what parents signing would have to look like to be BSL and consistent with parents' aim. Furthermore, one is left concluding that most parents by this standard will fail to meet their aim.

8.3.4 The Micro Features Model

A second approach to considering parents' simultaneous communication in the light of their aim to learn and use sign language, abandons macro classifications and labels such as BSL or SSE. Rather it focuses on the micro features of parents' signing and takes a broader consideration of the conditions surrounding parents as learners. It is a model used by the Deaf Consultants in Study One.

This model assumes firstly, that parents' use of voice, reliance on English grammatical structures and the primary use of simultaneous communication, should not be considered of themselves surprising nor concerning. One cannot expect otherwise from hearing people, in the early stages of learning a new language with which their own first language will interfere and/ or support that learning. Secondly, these characteristics do not necessarily (although they might) contradict parents' aim to learn and use sign language (Sec 7.4.2).

A close focus is suggested whereby some simultaneous communication is consistent with learner parents using sign language and some simultaneous communication is not. For example, parents use of voice may simply be what could be expected from hearing parents' initially, or it may be a result of parents avoiding and not accepting the child's need for BSL. The signing that accompanies parents' voice and English, may have different qualities. While in some cases it may be a very static sign to word vocabulary mapping, for in others although confined to single signs, there may be evidence of the incorporation of visual and therefore, grammatical properties of the language (Sec 7.4.2).

The mediating factor in whether parents are able to produce signing that is on the way to their aim of BSL, is identified as 'attitude' (Sec 7.3.2). If parents display an attitude that is characterised by interest in and involvement with deaf people and their language, then this inevitably leads to asking questions, having an open mind, exploring the language and discovering properties of it that are distinct from their own spoken language (Sec 7.3.2).

This model of a micro focus on the characteristics of parents simultaneous communication linked to 'attitude' is rather subtle. However, its strength lies in grounding assessments of parents signing not simply in their linguistic competence, but more broadly in parents' engagement with the language and the circumstances surrounding that.

8.3.5 The Evolutionary Model

There is some evidence from Study One of parents adopting what may be termed 'The Evolutionary Model' with regard to their signing. Parents did not perceive there to be any contradiction between their aim to learn and use sign language and the characteristics of their signing. Their simultaneous communication was not regarded as indicative of their inability to produce sign language or them of having failed to do so. Rather the characteristics of their signing and their self perception as learners and users of sign language, were co-extensive.

For example, parents, were aware that sometimes their attempts to use sign language consisted of no more than an odd word thrown in to an otherwise voiced English sentence. However, they did not, therefore, perceive themselves to be not producing BSL or doing something different. Rather they considered themselves not to be very good at it *yet*. Indeed considerable frustration was expressed that they were not yet able to capitalise on the full potential for expression BSL offered to them and their child (Secs 7.3.1; 7.4.3).

Furthermore, for parents in Study One there were other concerns influencing their signing rather than a simple concern for whether it was BSL or not. Some of these influences were linked to very practical considerations in the family - for example, the use of voice as well as signing when hearing siblings were present. Some were linked to deliberate strategies for the promotion of lipreading for the child, and some to parents own emotional needs to use their voice in building their emotional relationship with their child (Sec 7.4.3).

From the limited evidence available, therefore, it appears that parents are not concerned about whether their signing is consistent with their aim to use BSL or not. Rather, distinctly personal, family specific and situation specific criteria were influential in their use of simultaneous communication.

8.3.6 Conclusion

Study One has demonstrated that one has to be very cautious about making distinctions concerning parents' use of sign language and parents' use of signed communication. There is considerable confusion surrounding what would count as sign language as produced by hearing parents in the early years of learning and what would not.

Each of the three models raise important questions concerning the criteria by which one should assess parents' simultaneous communication within the aims of a bilingual intervention. Parents' report suggests that they consider their use of simultaneous communication to be consistent with an aim of using sign language; the Deaf Consultants suggest that it may or may not be, depending upon its quality; and the teachers suggest that it may be good communication, but it is certainly not sign language. These differences are important because they influence practitioners' expectations of parents' signing and their evaluation of parents success.

From the parents' point of view, the evidence from this study suggests that there is a need to consider more closely: their expectations concerning their own language use within a bilingual model; influences on their signing with their child in the family; and perceptions of the consistency of their signing with their aims within a bilingual approach. Study Two takes up these issues.

8. 4 How Realistic Is It To Expect Parents To Learn and Use Sign Language in the Family?

8.4.1 Introduction

In the literature, the question of how realistic it is to expect parents to learn and use sign language underlies much of the concern raised about the bilingual/ bicultural model of early intervention (cf. Ch 5). The difficulties of learning a language that is both completely new and a visual/ spatial language are weighed against the capabilities or not of families to respond to this task.

As already reviewed however, both the dimensions of the sign language learning task and how it and other aspects of the bilingual/ bicultural model may impact on family adjustment, can be understood in a variety of ways (Secs 8.1; 8.3). Not surprisingly, therefore, evidence concerning how realistic or not it was for families to learn and use sign language, reflected the non unitary nature of these two issues.

No group of respondents were of the opinion that encouraging parents to learn and use sign language was a priori not realistic. Rather, a slightly different question emerged concerning how the learning and use of sign language was *rendered realistic* in the family. In this respect there are two very different accounts: the ideal/ reality compromise and pragmatic reality.

8.4.2 The *Ideal/ Reality Compromise*

The first account sets up an ideal/ reality dichotomy. It is an account largely derived from the teachers in Study One. An *interpretation of the bilingual/ bicultural model* implying high expectations concerning parents' sign language use (Sec 8.3.3) and making demands that may be threatening to hearing families' adjustment (Sec 8.2.1) leads to its characterisation as an ideal. That is to say, it is a model that may encompass the best solution for a deaf child, but which is inherently idealistic within a hearing family. The reality of the family will mean that its realisation in its ideal form is highly unlikely.

For example, it is suggested that learning and using BSL is simply too difficult for many families. Parents will vary considerably in their abilities and skills. Families will be under other pressures and there will be other demands from other children that may make a commitment to the use of sign language unlikely (Sec 7.3.3).

However ironically, having set up this dichotomy the conclusion is not, therefore, that the bilingual model is unrealistic. Rather, it is through accepting this ideal/ reality split and not assuming parents are going to live up to the ideal, that the value and influence of the model is released. As an ideal to be aimed for, from which

families pick and choose, achieve or do not achieve as they are capable, it brings great benefits nonetheless that previous models have not.

Thus, for example, parents will not produce BSL but in providing resources to that end, the quality of parents' communication is likely to be enriched (Sec 7.5.1). Parents' range of choices for their child will be increased and a more open mind will be promoted concerning the child's needs from a deaf point of view (Sec 7.7.1). Children will have more than one language path available to them depending upon their preference (Sec 7.5.1) and so forth.

These advantages are thought of as arising from the *resultant* effect of the ideal aims of the bilingual model meeting the problematic reality of hearing families. The result may thus be a *kind of* compromise, but it is regarded as a positive and *rich one for* the deaf child. It is in this sense that the learning and use of sign language is rendered realistic for families.

8.4.3 Pragmatic and Practical Reality

By contrast, parents do not consider the learning and use of sign language to be an unattainable ideal nor their real life circumstances to induce a compromise that is something other than their aim. Rather, from the parents' point of view, the question of whether sign language is realistic or not turns on how as individuals, with varying skills, they are able to manage it and very practical concerns of how to come to workable arrangements within the family.

For example, as already noted, parents regarded their aims and the characteristics of their signing to be consistent. They might not have achieved their am yet and may not be very good yet, but they did not regard what they were doing as discontinuous with their aim (Sec 8.3.5). Sign language as a language to be learned was not perceived to be so different or difficult as to lie outside the range of that which could be attained. For example, parents' responses are remarkable for the extent to which potentially highly specific difficulties associated with the learning and use of sign language rather than any other language, are not treated as unusually problematic (Secs 7.3.1).

The circumstances in which parents were attempting to learn and use sign language, including their own varying skills/ abilities and the conditions of the family were not thought of in terms of militating against the achievement of an ideal. Rather more simply, the family set the conditions in which parents sought to make their use of sign language for their deaf child, realistic. For example, parents focused firmly on practical issues in learning sign language, such as whether they have useful and appropriate vocabulary to meet their immediate communication needs (Sec 7.4.3). For some parents in Study One, siblings competing for time and attention was a concern to be balanced also in the process of learning with a Deaf Consultant present (Sec 7.10).

Although the evidence available is limited it would appear that parents' own perception of whether learning and using sign language was realistic, was governed by how they could marry it with other needs and imperatives in the family and their own capabilities. This is an essentially pragmatic approach rooted in situation specific contexts within the family. It is not concerned with comparisons set against an ideal model.

8.4.4 Conclusion

One could argue that the teacher's perspective and the parents' perspective amount to the same thing in practice, just described in a different way. Namely, conditions within hearing families interact with parents' desire to learn and use sign language. The result is thus the best that could be hoped for under the circumstances. However, the very different emphasis in the ideal/ reality compromise account and the pragmatic reality account is vitally important.

It has been pointed out with regard to intervention and research into intervention that the way in which a problem is framed influences the solutions that are sought (Argyris, Putnam and McLain Smith1985, p. 201). The parents' framing of how learning and using sign language is rendered realistic in the family, asserts a very different focus for practitioners than the ideal/ reality compromise does.

'The Ideal/ Reality Compromise' greatly encourages parents to do the best they can but not to presume they have to live up to using sign language in the family. In this way they will not be set up to fail. Parents, however, would seem to be concerned with much more specific guidance in making sense of using sign language in the real life circumstances of their own abilities and the conditions of the family with which they are faced. It is a far more positive approach to being realistic.

Study Two will therefore, explore with another set of parents, the extent to which the pragmatic reality account provides an accurate explanation of how parents' render realistic the task of learning and using sign language.

8.5 The Development of Two Languages within a Bilingual Model

8.5.1 Introduction

Although the principles underlying a bilingual model do not deny the significance of the deaf child's development of the majority written language (English), a strong argument is presented for the importance to the child of sign language as their first language (c.f. Chs 3,4). 'First' is used in the sense of the language naturally acquired, that sequentially occurs first, may become the preferred language of the child and has an instrumental cognitive and linguistic value in the development of the child's second and less easily learned language (c.f. Chs 3).

Evidence from Study One suggests that the importance to the child of developing two languages was supported. However, there were distinctly different understandings of how this process should and would occur if families were involved in a bilingual model of early intervention.

8.5.2 Strict Child Centred Perspective

The Deaf Consultants in Study One demonstrated what may be termed 'The Strict Child Centred Perspective'. Namely, the deaf child's need for sign language as a first

language to ensure their cognitive, linguistic and social development was paramount (Sec 7.2.2). Although speech and English were valued, they were a concern of later development and in no way considered to be the means to the acquisition of the child's first language (Sec 7.5.2). Sign language, sequentially, had to come first.

Indeed parents who in some way inverted this principle were regarded as the less successful parents. For example, parents whose use of speech was a denial or avoidance of sign language (Sec 7.4.2). Similarly, it was thought that parents who were very concerned about whether their child would talk, would find it harder to accept their child as 'a deaf child' (Sec 7.6.4).

Although not denying the difficulties for parents associated with this perspective, the Deaf Consultants provided an example of practitioners working on and exposing parents to, an uncompromisingly child centred deaf perspective. It was not that sign language was one of a range of available options for a deaf child, it was quite simply the best option (Sec 7.5.2).

8.5.3 Choice Centred Perspective

'The Choice Centred Perspective' does strongly support the child's access to sign language from the earliest time possible after diagnosis. However it stops short of a strict specification of sign language as first language for the child. Rather it is more concerned with the advantages of *both* sign language and English based speech/ signing approaches being available for parent and child. This was a perspective employed by the teachers in Study One.

The significance of two languages being available to the child, was driven by the concept of choice within a bilingual model. Firstly, as already discussed (c.f. Sec 8.33), it is assumed that parents will be afforded wider resources to enrich their communication. Depending upon the individual characteristics of the family then, for some families this access will result in them choosing sign language as a first language for their child. For others it will not, but they will have benefited nonetheless.

Secondly, from the child's point of view, if the child has access to both languages during the same early developmental period then it is considered possible to assess which language the child prefers and which matches his/ her abilities and inclination. It is not assumed that sign language is an appropriate first language for all severely/ profoundly deaf children (Sec 7.5.1)

Clearly, from this perspective the development of two languages within a bilingual model was not perceived of as necessarily sequential, with sign language coming first as the basis for later development of English and possibly speech. Rather, the bilingual model afforded the opportunity for a kind of melting pot process to occur out of which the appropriate result for child and family could be *left to occur.*

8.5.4 Parents' Perspective

Parents in Study One provided very little evidence concerning their understanding of the child's development of two languages within a bilingual model. However, they did not express any concern that the child's exposure to sign language would impede the development of the spoken/ written language (Sec 7.5.3).

The few parents who did comment directly expressed views that regarded sign language as a transitional means for the deaf child to achieve competency in English or views that regarded BSL as compensatory if the child could not grasp English (Sec 7.5.3). However, evidence was far too limited to be able to draw any strong conclusions.

8.5.5 Conclusion

Although all committed to the child's development of two languages, the teachers' and Deaf Consultants' very different interpretations of that intent are illustrative of the scope for the development of vastly differing practices in pursuit of the same aim. Indeed, the teachers in Study One, in describing how they worked together with the Deaf

Consultants, described a service model that mirrored their choice centred perspective (Sec 7.9.1).

Far more evidence from parents is required before conclusions can be drawn concerning their perspective on their children's development of two languages and the instrumental value of sign language in this. Such evidence is sought in Study Two.

8.6 Deaf Culture and the Deaf Community

As previously reviewed, the bilingual/ bicultural model argues for the importance of the deaf child's socialisation into Deaf culture (Sec 4.6). Evidence from Study One suggests that whilst this principle was largely accepted and encouraged by all involved in the intervention, families found its implications more difficult to understand and address.

For example, the teachers were very clear that parents and their deaf child now had access to both information and experiences of the Deaf community and Deaf culture from very early after the child's diagnosis. This was considered a significant change from previous approaches with parents (Sec 7.11.1). However, although awareness and access were available now, they were accompanied by a palpable struggle on parents' part to understand Deaf culture and the Deaf community. This issue of understanding occurred at two levels.

Firstly, there was simply a difficulty in understanding substantively what was the Deaf community and what was Deaf culture. Parents, even if able to give examples of that which they understood was connected with Deaf culture, had problems making sense of how the differences they observed or were told about could be 'cultural' (Sec 7.11.2).

Secondly, however and more significantly, a central question arose for parents concerning the *relevance* of Deaf culture/ the Deaf community to them as a family. Namely, there was a difference between families having information and becoming aware of the Deaf community/ Deaf culture and families making this information meaningful for them, and a source of new attitudes and actions within the family.

The provision of deaf role models in the form of Deaf Consultants whom families could get to know personally, was one way in which the intervention programme in Study One attempted to address the issue of relevance. Through personal contact with deaf people, the Deaf community and Deaf culture cease to be theoretical or an abstracted phenomenon and become instead the stuff of parents' personal experiences (Sec 7.7.2). However, this issue of making Deaf culture/ Deaf community relevant and meaningful is clearly very complex as the contrasting emphases of teachers and Deaf Consultants illustrates.

On the one hand the teachers valued parents getting to know that deaf people were in a sense *just like* them (they were individuals, they had different personalities, they had families, jobs and all the other details of a regular life). On the other hand the Deaf Consultants emphasised that they were *positively different* from hearing people (Sec 7.7.1).

8.6.1 Conclusion

The intervention programme had succeeded in bringing access to the deaf world into families' experience from very early on after their child's diagnosis. However, the process of enabling families to make this experience meaningful and relevant to their particular family, was more problematic. Furthermore, not all "available meanings" (Voysey 1975), in particular as emphasised by deaf people, appeared to have been successfully communicated and/ or appreciated by parents.

Study Two will collect further data on parents' understanding of Deaf culture/ Deaf community and more particularly what they consider the implications of these to be for their family.

8.7 Fathers

In the literature on family adjustment and early intervention concerning children with disabilities in general and deaf children in particular, very little attention has been given

to fathers (Hadidan and Rose 1991; Kazac 1986; Lamb 1983). In the literature on early intervention and the bilingual model, fathers are invisible.

Limited evidence concerning fathers of deaf children suggests that while fathers display no significant differences from mothers in their attitudes to deafness (Hadidan and Rose 1991, p. 275), fathers are less likely to be engaged in early intervention services (Greenberg 1980b), less involved in sign language classes (Hadidan and Rose 1991) and consequently less likely than mothers to learn to sign beyond more than a beginner's level (Swisher and Thompson 1985)[1]. However, fathers are not uninfluential. For example, fathers with more negative attitudes to deafness have been found to effect significantly and adversely their child's level of language comprehension (Hadidan and Rose 1991). Recent longitudinal evidence suggests that young deaf people are more likely to perceive their fathers as less adequate communicators with them than their mothers (Gregory et al 1995, p.36/37).

Evidence from Study One confirms that it can be very difficult to engage fathers in the intervention. Fathers were reported, by mothers as regarding learning to sign to be part of the mother's 'caring' role for their child in contradistinction to their own role as breadwinner for the family (Sec 7.10). The circumstances of the Deaf Consultants visits occurring in the family home and in the evening if required, had not made a significant impact on this situation, although the teachers had hoped it would (Sec 7.10).

The Deaf Consultants were particularly concerned about fathers' lack of engagement with learning to sign. Interestingly however, their emphasis was not simply that fathers would not be able to communicate adequately with the child. Rather, Deaf Consultants were concerned that without communication in sign language, fathers would not adequately form an affective relationship with their child (Sec 7.10).

No evidence was available from Study One of effects specific to a bilingual/ bicultural approach to early intervention that might impact on fathers differently from mothers. In Study Two comparative evidence between mothers and fathers was sought.

[1] Sign Language classes in these cases concern the learning of Manually Coded English.

8.8 Deaf and Hearing Practitioners Working Together

As the previous discussions have demonstrated, Study One has provided numerous examples of how differing interpretations of the same issues by deaf and hearing practitioners can strongly influence the nature of the actions taken towards parents, criteria for the evaluation of parents' own responses to that action and the models of working practice that exist. Although these effects have been shown to be powerful, they were largely implicit and unrecognised by the practitioners themselves.

Action scientists concerned with research into intervention, have sought to understand effects such as these in terms of the distinction between 'espoused theories' and 'theories-in-use' (Argyris et al 1990). 'Espoused theories' are those meta theories or models which respondents claim to follow. In the case of this study, both hearing teachers and Deaf Consultants were ostensibly claiming to follow a model of intervention informed by bilingual/ bicultural principles. By contrast, 'theories-in-use' are those theories that can be inferred inductively from respondents' actions or statements about their actions. The 'Separate Effects Model' (Sec 8.2.1) and 'The Replacement Model' (Sec 8.2.2) could be regarded as examples of theories-in-use.

The advantage of the identification of theories-in-use does not lie in demonstrating that practitioners do not do what they claim to do, nor that they are unable to agree with each other. Rather, the advantage lies in offering a means by which practitioners can move beyond simple acknowledgement of cultural or professional differences, to a consideration of the mechanism that sustain these. This process is achieved through the identified theories-in-use becoming objects of debate and reflection amongst the practitioners from whom they arise (Argyris et al 1990).

The deaf and hearing practitioners in Study One had not taken the step of considering the mechanisms that sustained their particular working practices nor how these interacted with those of their colleagues. Indeed the lack of liaison, lack of joint assessment and largely parallel model of working practice that had evolved (Sec 7.9), avoided such considerations.

However, within a bilingual/ bicultural intervention it would seem particularly vital for deaf and hearing practitioners to develop a means to reflect on the assumptions

priorities and values that underlie each other's working practice. The importance lies in the fact that, a *bi*lingual/ *bi*cultural approach, by definition, will never offer a single perspective to parents. However, it must offer a coherent and integrated one.

An action research approach, would seem to offer one possible means to achieving such an end. Study One has provided an indication that it is a framework that could be appropriately applied.

8. 9 Conclusion

Study One has provided a valuable opportunity to compare the perspectives of parents and professionals, of deaf and hearing. Through such comparisons new areas of interest have arisen in considering a bilingual/ bicultural approach in the family and new explanatory models have been offered with which to understand the complex processes involved.

However, as in the case of any research that seeks to compare parents' perspectives with those of 'outsiders' involved in the family, one is left with a difficult dilemma. Namely, to what extent should one follow parents' account of what happens and to what extent should one follow the insights of the outsiders? Whilst the outsiders may be privy to knowledge and experience of which parents are not and may be able to be more objective, following their lead can be dangerous. Their frameworks, as Study One has shown, may fail to grasp the essential areas of concern for parents. Outsiders' interpretations may make little sense within the family's own experience. For example, it has been remarked of family therapy that when patients (sic) do not behave as expected, the therapist may call it "resistance", but from the patients' point of view they are simply being themselves (Dell 1982, p.30).

Study Two will thus look more closely at the extent to which the apparently competing perspectives and conclusions in Study One resonate with the experiences of a very different group of parents.

CHAPTER NINE: FINDINGS - STUDY TWO

This Chapter will present the findings from Study Two, carried out in The Netherlands and offer some clarification of conclusions reached from Study One.

9.1 Introduction

The findings from Study One have suggested that bilingual/ bicultural interventions impact on families by creating tensions around different levels of experience. In particular, tensions occur between the positive effects of the 'account' a bilingual/ bicultural model provides and the practical dilemmas it creates. With regard to communication, parents overwhelmingly claim to use simultaneous communication. However, the extent to which this may be regarded as consistent with their aims within a bilingual approach or indicative of their inability to meet those aims, remains unclear.

On the one hand the resolution of these effects was regarded by the hearing professionals as involving a compromise between the ideal of the model and the reality of the family. On the other hand, parents offered a more evolutionary perspective. From their point of view, there was no compromise of the ideal aims of the model in the wake of family specific circumstances, nor was their language behaviour inconsistent with learning and using sign language. Rather, they were engaged in working out practically how to manage a bilingual approach in their particular family and their language behaviour was more simply indicative of 'not being very good at it yet'. However, the Deaf Consultants with their close focus on features of parents' signing and their concern with parents' attitude, interest and involvement, have suggested that one needs to be cautious about undiscriminating acceptance of parents' perspective.

Study Two examined these issues (Sec 6.8.1) both by gathering a greater weight of data, and also by testing out the strength and significance of some of the explanations offered for parents' responses to the bilingual/ bicultural model. Furthermore, it attempted to consider possible variations between families and differential impacts within the families

on mothers and fathers. In doing so, Study Two has focused much more explicitly than Study One on bilingualism and communication within the family.

9.2 Understanding Bilingualism - Parents' Account.

As in the case of Study One, parents held a strongly positive view of sign language and the beneficial relationship between NGT and the child's development of the written/ spoken language. The strength of this positive endorsement was underpinned by strong agreement between partners within couples.

For example, asked to consider whether NGT was a language in its own right with its own grammatical rules, 26 out of 30 parents agreed with this prompting the same agreement response between partners in 11 out of 15 couples. Similarly, 22 out of 30 of parents agreed NGT could express anything and everything (9 mothers, 13 fathers), although 6 parents were "not sure". In this instance, partners in 10 out of 15 couples gave the same responses, which in 9 of the cases was to 'agree'.

Only 4 parents thought that NGT would make the child's development of lipreading skills and her/ his ability to read Dutch more difficult to achieve [Tables 9.1; 9.2]. However, the proportion of parents in both of these cases who thought that NGT was not connected with learning of these skills in Dutch arose exclusively from couples in which partners did not give the same response as each other.

	Mothers (n=15)	Fathers (n=15)	Total (n=30)
NGT will help the child to learn to lipread	9	8	17
NGT will make it harder for the child to learn to lipread	1	3	4
NGT and lipreading are not connected	5	4	9
I don't expect my child to learn to lipread	0	0	0

Table 9.1: The relationship between NGT and learning to lipread

	Mothers (n=15)	Fathers (n=15)	Total (n=30)
NGT will help the child to learn to read	10	9	19
NGT will make it harder for the child to learn to read	2	1	3
NGT and reading are not connected	3	4	7
I don't expect my child to learn to read	0	1	1

Table 9.2: The relationship between NGT and learning to read

With regard to a bilingual outcome for their deaf child, all the couples in the sample agreed that they wanted their child to be bilingual. Whilst this might not be unexpected given they were involved in a bilingual early intervention programme, it is remarkable that none responded that they were "not sure". Furthermore, parents did not consider bilingualism to be a rare outcome for a deaf child [Table 9.3], although fathers presumed there were slightly more deaf bilinguals than did mothers.[1]

	Mothers (n=15)	*Fathers (n=15)*	*Total (n=30)*
A Lot	4	6	10
Some	9	6	15
A Few	2	3	5

Table 9.3: Parents' estimation of number of adult deaf bilinguals in the Netherlands

Asked to consider what it might mean for a deaf adult to be bilingual, the vast majority of parents preferred a definition encompassing the three dimensions of NGT, spoken Dutch and written Dutch [Table 9.4]. The suggestion that a deaf person can be considered bilingual if s/he has a facility in NGT and written Dutch, though not necessarily in speech, was not favoured. Furthermore, speaking and signing at the same time[2] ,as a definition of being bilingual, was not chosen by over 80% of parents.

[1] It was not possible to compare parents' perceptions with demography for the Netherlands, as reliable data was not available.

[2] In the questionnaire (Appendix 4), the term "tegelijkerteit spreken en gebaren" was used. This is a translation of "speaking and signing at the same time". The Dutch term was chosen for its generality. It implies a bimodal communication based around Dutch, but avoids any specification either of a sign system such as Signed Dutch, or of the more general 'Dutch supported Sign'. This non specification either of a sign system was considered important given the issue raised in Study One concerning the difficulty of interpretation and classification of parents' signing and the role labels connected with sign systems played in that.

	Mothers (n=15)	Fathers (n=15)	Total (n=30)
Speak and sign at the same time	3	3	6
Sometimes use NGT, sometimes use speech	0	1	1
Can use NGT and read Dutch, cannot speak	2	1	3
Uses NGT, speaks and reads Dutch	10	10	20

Table 9.4: Parents' understanding of bilingualism in the deaf context

The consistency of response between mothers and fathers overall is underpinned by a high underlying level of agreement between mothers and fathers within couples. Only 5 couples disagreed between themselves over this issue.

Parents expectations of their own child's bilingualism did not contradict their more general views about bilingualism in the deaf context. However, although they expected their child to have a proficiency in NGT, written Dutch and spoken Dutch, their understanding of their child's bilingualism was not based upon a concept of *equal* skills across both languages, nor upon the primacy of spoken language.

With regard to expressive communication parents overall had strong expectations of NGT as the child's most proficient means of expressive communication, rather than spoken Dutch. Fourteen parents (46.6%) expected their child to be more proficient in NGT than in spoken Dutch and a further 12 (40%) for their child to be equally proficient in NGT and written Dutch, but not in spoken Dutch [Table 9.5]

	Mothers (n=15)	Fathers (n=15)	Total (n=30)
Equally proficient in NGT, spoken Dutch, written Dutch	0	2	2
More proficient in NGT than in spoken Dutch or written Dutch	9	5	14
Equally proficient in NGT and spoken Dutch, but not written Dutch	2	0	2
Equally proficient in NGT and written Dutch, but not spoken Dutch	4	8	12
More proficient in spoken Dutch and written Dutch, than in NGT	0	0	0
More proficient in written Dutch than in spoken Dutch or NGT	0	0	0

Table 9.5: Parents' expectations of their child's expressive communication

With regard to receptive communication, no parents expected their children to be able to follow spoken Dutch better than NGT and only 2 if spoken Dutch was supported by signs. Although a third did expect their child to be able to follow NGT and spoken Dutch equally well, the majority still expected their child to follow NGT better than spoken Dutch, *even if* the spoken message was supported by signs [Table 9.6].

	Mothers (n=15)	Fathers (n=15)	Total (n=30)
Follow NGT and spoken Dutch equally well	5	5	10
Follow spoken Dutch better than NGT	0	0	0
Follow spoken Dutch when by signs, better than NGT	2	0	2
Follow NGT better than spoken even if supported by signs	8	10	18

Table 9.6: Parents' expectations of their child's receptive communication

However, between mothers and fathers there were differences in emphasis. Mothers who were of the opinion that receptively, their child would follow NGT better than spoken Dutch (even if supported by signs), were most likely to expect their child expressively to be *more* proficient in NGT, than in spoken or written Dutch (n=6). Fathers who were of the opinion that receptively, their child would follow NGT better than spoken Dutch (even if supported by signs), were most likely to expect their child expressively to be *equally* proficient in NGT and written Dutch , but not spoken Dutch (n=6).

With regard to the order in which their child will acquire languages, the vast majority of both mothers and fathers expected their child to learn NGT first [Table 9.7]. The strength of this response is supported again by an underlying pattern of consensus within couples. In this case, the consistency overall between mothers and fathers is a product of the 8 couples who did agree amongst themselves (all agreeing on this option). The possibility of the child learning a mixture of signs and speech was rejected by 80% of parents.

	Mothers (n=15)	Fathers (n=15)	Total (n=30)
NGT first, spoken Dutch afterwards	11	11	22
Spoken Dutch first, NGT afterwards	0	0	0
NGT and spoken Dutch at the same time	2	0	2
Learn a mixture of sign and speech	2	4	6

Table 9.7: Parents' expectations of the order in which their child will acquire languages

Furthermore, there was a strong relationship between parents' expectations of NGT as their child's first language and their understanding of a deaf bilingual as one who 'uses NGT, speaks and reads Dutch'. In the case of 8 out of 15 mothers and 8 out of 14 fathers, these two responses were related [Table 9.8]:[3]

Being bilingual means	*Order in which the child will acquire languages*			
(n=29)[4]	NGT first, spoken Dutch afterwards	Spoken Dutch first, NGT afterwards	NGT and spoken Dutch, same time	Learn a mixture of sign and speech
Speak and sign at same time	3	0	0	2
Sometimes use NGT, sometimes use speech	1	0	0	0
Can use NGT, read Dutch, cannot speak	2	0	0	1
Uses NGT, speaks read Dutch	**16**	0	2	2

Table 9.8: Crosstabulation of parents' expectations of the order in which their child will acquire languages with their understanding of what it is for a deaf person to be bilingual

[3] Given the size of the sample it is not possible to test whether this relationship is statistically significant.
[4] One parent did not complete all parts of the relevant section of the questionnaire, therefore, was excluded from some of the analysis.

It would appear, therefore, that these parents strongly endorse NGT as their child's first language, both in the sense of that which sequentially is acquired first and that which will prove to be the easiest means of expressive and receptive communication. They have few concerns that it will impede their child's development of Dutch. Whilst they expect that if their child is bilingual, the child will also speak, the spoken language was not of first importance to the child. However, there was some indication that parents did not, therefore, regard the child's development of NGT as a magic solution to all potential difficulties.

For example, asked to asked to assess their child's language development (if following a bilingual approach), in comparison with a hearing child of the same age, the majority of both mothers and fathers were of the opinion that the child would nonetheless be "behind", with fathers being considerably more pessimistic than mothers [Table 9.9]. However, this difference did not reach statistical significance.[5]

	Mothers (n=14)	Fathers (n=14)	Total (n=28)
As good as a hearing child	5	1	6
Behind a hearing child	6	13	19
No idea	3	0	3

Table 9.9: Parents' assessment of their deaf child's language development if following a bilingual approach

Also when asked to consider their child's language use in the context of employment, parents' responses were strikingly different from those given with regard to the child's easiest means of expressive and receptive communication. Whereas in the context of the child's own language use, parents had strongly endorsed the importance of NGT and considered Dutch to be a less likely means of their child's expressive and receptive communication, when asked to rank in order which communication skills would be the most important in their child securing a "good job" in the future, the clear majority of parents ranked "fluent NGT" in 5th place out of 5 (average rank = 1.72). A similar majority ranked "clear speech" 1st out of 5 (average rank = 4.04). "Good lipreading"

[5] Using the Wilcoxon Matched Pairs Signed Ranks Test

(average rank = 3.36) and "good written Dutch" (average rank = 3.12), both achieved a majority 2nd place ranking. Responses for "good simultaneous communication" were widely spread across ranks (average rank = 2.76). There were no statistically significant differences between mothers and fathers.[6]

The difference between parents' expectations of NGT as their child's most proficient means of expressive and receptive communication and its perceived lack of value in securing employment is striking. It is perhaps explained by some of the additional written comments parents added when answering this question. Some parents indicated that they felt obliged to respond as they had, placing NGT in place of least importance, because although it was of first importance to their child, society did not recognise the language in the same way and, therefore, realistically it was of little importance in securing a good job.

Summary

These parents are confident of the possibilities that early acquisition of NGT affords their children and of the continued significance to the children of communication through NGT. They want their children to be bilingual and presume that NGT will be used as a distinct language rather than some form of simultaneous communication. Furthermore, simultaneous communication is not expected to be particularly useful to the child either expressively or receptively. It is expected that an ability to use spoken language is integral to a definition of their deaf child's bilingualism. This was an account that the majority of both mothers and fathers strongly agreed upon and which was underpinned by consensus within couples. However, the picture becomes considerably more complex when the consequences of this account for communication at home are considered.

[6] Using the Wilcoxon Matched Pairs Signed Ranks Test

9.3 Understanding Bilingualism - Expectations of Communication at Home

No simple relationship existed between parents' understanding of bilingualism (Sec 9.2) and parents' expectations of communication at home. Three different patterns emerged.

9.3.1 Patterns of Simultaneous Communication at Home: Groups 1 and 2

As already noted, the majority of parents' account of their child's bilingualism had included a clear distinction between NGT and speaking and signing at the same time, simultaneous communication had been rejected as a useful means of expressive/ receptive communication for the child and parents had overwhelmingly expected the child to acquire NGT first rather than as a mixed form of communication. However, for the vast majority of parents, this did not imply that they sought to distinguish NGT from simultaneous communication in their own language at home, nor that they necessarily expected their child to use NGT with them at home. In effect, their understanding of bilingualism/ their child's bilingual language use, did not provide a blueprint to be replicated in communication at home.

Asked to consider their *ideal* aim if following a bilingual approach, the majority of parents (60%) were of the opinion that they should communicate through a mixture of sign and speech at the same time. A further 7 parents (23%) were of the opinion that signing and speaking should be mixed at first and only separated later [Table 9.10].

	Mothers (n=15)	Fathers (n=15)	Total (n=30)
Should mix sign/ speech at same time	9	9	18
Should not mix sign/ speech at same time	4	1	5
Should mix at first, separate later	2	5	7

Table 9.10: Parents' ideal aim if following a bilingual approach

Parents' reports of their actual rather than expected communication were consistent with this aim. They described a very high frequency of their use of signing and speaking at the same time with their child. An estimation of "often" or "all the time" accounted for 90% (n=27) of responses [Table 9.11].

	Mothers (n=15)	Fathers (n=15)	Total (n=30)
Never	0	0	0
Rarely	0	0	0
Sometimes	0	3	3
Often	9	7	16
All the time	6	5	11

Table 9.11: Frequency of parents' use of signing and speaking at the same time

It was not the case that for the majority of these parents, their expectation of using simultaneous communication at home was a reflection of the fact that they considered simultaneous communication to be a definition of bilingualism in the deaf context. For only a minority of parents (n=6) was there such a relationship [Table 9.12]. In other words, the vast majority of this group of parents understood being bilingual as implying use of NGT and Dutch as distinctly separate languages *and* held an ideal of communication at home that was based on mixing sign and speech together (or at least doing so at first) (n=16).

Parents' ideal communication aim	*Parents' understanding of what it is to be bilingual*			
(n=30)	Speak and sign at the same time	Sometimes use NGT, sometimes speak	Can use NGT and read Dutch, cannot speak	Uses NGT, speaks and reads Dutch
Should mix sign and speech at the same time	6	1	2	**10**
Should not mix sign and speech at *same time*	0	0	0	4
Should mix at first then separate later	0	0	1	6

Table 9.12: Crosstabulation of parents' understanding of what it is to be bilingual with their ideal communication aim

In addition, all those whose ideal aim was to use simultaneous communication at home were further differentiated by their expectations of their child's communication at home with them. Parents who were aiming to use simultaneous communication were fairly evenly divided between those who expected their child to speak and sign at the same time at home and those who expected the child to use NGT (either "mainly" or alternately with speech) [Table 9.13]. {In the following table the numbers in brackets refer to the sub-group of parents whose ideal of simultaneous communication was held alongside an understanding of bilingualism implying simultaneous communication}.

Parents' Ideal Communication Aim

Parents' Expectations of their Child's Communication at Home

(n=30)	Speak and sign at the same time	Mainly use NGT	Mainly speak and lipread	Sometimes NGT sometimes speech
Should mix sign and speech at same time	5 + (4)	4 + (2)	0	4
Should not mix sign and speech at same time	0	4	0	0
Should mix at first and separate later	3	2	0	2

Table 9.13: Crosstabulation of parents' expectations of their child's communication at home with their ideal communication aim is following a bilingual approach

Furthermore, for the 'ideal aim simcom' groups of parents, whether their child used simultaneous communication at home or NGT (mainly or alternately), did not affect parents' estimation that the child would acquire NGT first. In parents' assessment, *both* expectations of the child's home communication were strongly related to this outcome [Table 9.14]. {In the following table the numbers in brackets refer to the group of parents whose ideal of simultaneous communication was held alongside an understanding of bilingualism implying simultaneous communication}.

Child's Communication at Home	*Order in which the Child will Acquire Languages*			
(n=25)	NGT first, spoken Dutch afterwards	Spoken Dutch first, NGT afterwards	NGT and spoken Dutch, same time	Learn a mixture of sign and speech
Speak and sign at same time	**7 + (2)**	0	0	1 + (2)
Mainly use NGT	**5 + (1)**	0	0	1 + (1)
Mainly speak and lipread	0	0	0	0
Sometimes NGT sometimes speech	**3**	0	1	0

Table 9.14: Parents whose ideal communication aim is simultaneous communication: Crosstabulation of expectations of the order in which their child will acquire languages with expectations of the child's communication at home

Also with this 'ideal aim simcom' group of parents, there was an underlying pattern with regard to couple responses. An expectation that the *child* would use simultaneous communication at home was linked with couple agreement. An expectation that the child would "Mainly use NGT", arose exclusively from couples in which partners did not agree and it was predominantly mothers who expected NGT communication. Perhaps this effect is an indication that couple agreement is more likely to be achieved if couples do not seek to distinguish too clearly simultaneous communication from NGT at home. This is a trend that would benefit from further examination with a larger group of parents.

Summary

It would appear, therefore, that for a large group of parents, the use of simultaneous communication at home was entirely compatible with an account of bilingualism that clearly differentiated NGT from speaking and signing at the same time and which expected the child to acquire NGT as a first language rather than some form of speech/ sign mixed communication. Furthermore, for around half of the parents, the child's acquisition of NGT as a first language was not perceived to be necessarily associated with the child's use of it at home [Group 1].

For a few parents whose ideal was simultaneous communication, their account of bilingualism, their expectations of their own communication and their expectations of their child's communication were all the same, because all were based on simultaneous communication [Group 2].

These relationships can be summarised diagrammatically:

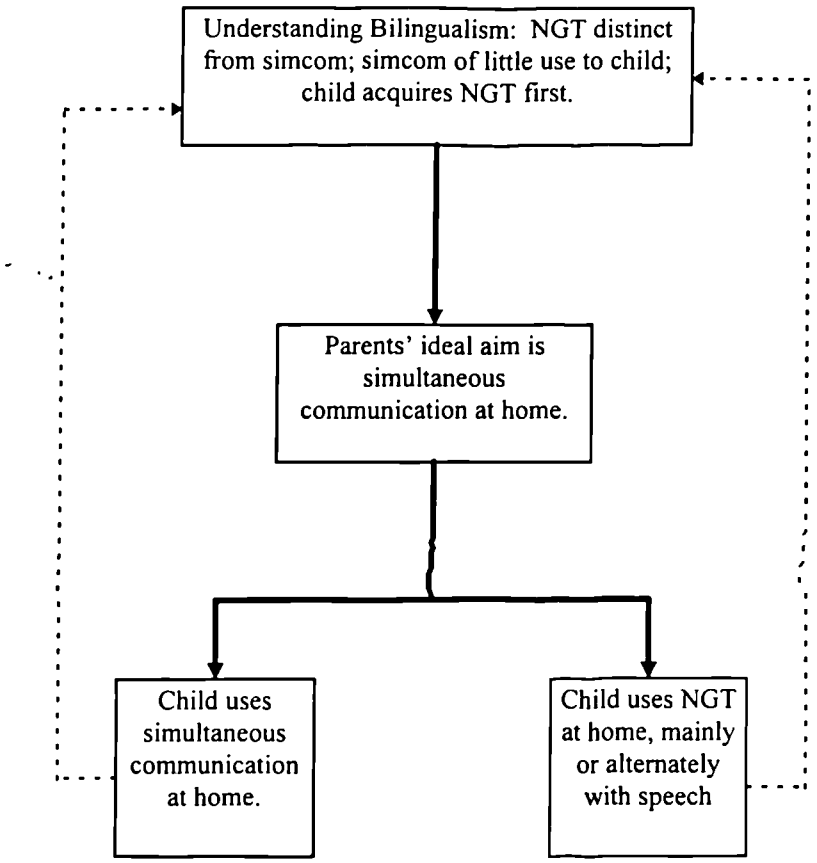

Fig 9.1: The relationship between parents' account and language behaviour at home [Group 1 parents]

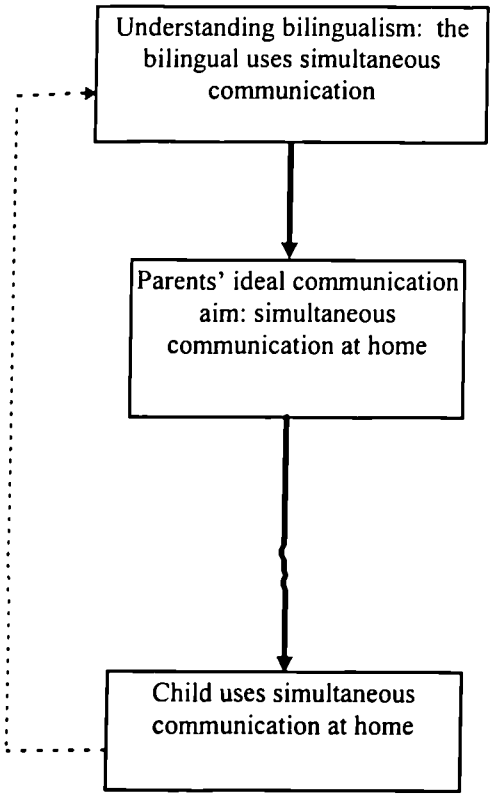

Fig 9 2: The relationship between parents' account and language behaviour at home [Group 2 parents]

9.3.2 NGT Parent Group [Group 3]

By contrast there was a completely different and minority group of parents, for whom the relationship between their bilingual account, their expectations of the ideal communication aim and their expectations of their child's language use followed a different pattern. These were parents who had rejected simultaneous communication in their account of bilingualism/ child's bilingual language use, and did so again *both* in their ideal communication aim if following a bilingual approach and in their expectations of their child's communication at home. There were four such parents who made up this group - 3 mothers and 1 father [Table 9.13].

These were also the only four parents who both held an ideal aim that they should not mix sign and speech with their child *and* also understood that being bilingual as implying a proficiency across the three dimensions of NGT, spoken and written Dutch [Table 9.12]. All four also expected their child to acquire NGT first.

It would appear, therefore, that for this small minority their understanding of bilingualism did set a kind of blueprint for their behaviour at home. This was based upon principles of distinguishing NGT from simultaneous communication (Dutch) and an assumption that the child optimally should have communication in NGT at home rather than in another form of signing. This pattern can be represented diagrammatically as:

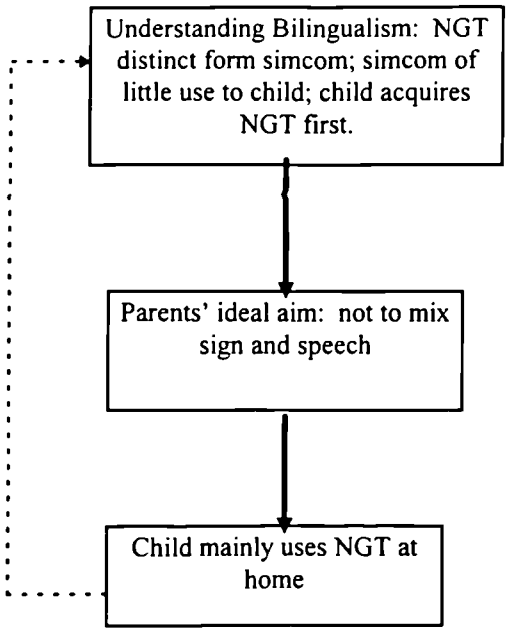

Fig 9.3: The relationship between parents' account and language behaviour at home [Group 3 parents]

With small numbers it is very difficult to comment on what may distinguish this group of parents from the others. However it is notable that 3 out of the 4 had another

older deaf child (one mother and father were a couple). These 3 had already been through an early intervention programme that was based on Total Communication principles and thus they had another model against which to compare the bilingual approach. Also, the same 3 out of the 4 had been learning NGT for over two and a half years. In other words, 3 of these parents had a greater depth of experience than most in the sample and had the benefit of hindsight in considering their present practice.

9.4 Personal Expectations of Fluency and Proficiency

Although parents predominantly used simultaneous communication, Study One had indicated that, in parents' own view, this may be entirely consistent with an intention to use sign language (BSL, NGT). The use of voice in combination with signs was a point on the same continuum. It was not an indication of an inability to achieve their aim of sign language, nor a decision to use simultaneous communication *instead* of sign language. However, an alternative view suggested that parents' simultaneous communication represented a compromise in the face of a reality that militated against parents' being able to use sign language. Study Two examined these issues more closely by concentrating on parents' perceptions of fluency and proficiency in their communication. A multi layered effect emerged.

In response to questions concerning general attitude and intent, couples tended jointly to hold very high expectations of their fluency and proficiency in NGT. 'Good enough' expectations such as matching the child's level but not an adult level were not liked by either mothers or fathers.

For example, over 80% (n=25) of both mothers and fathers agreed that "I have to become fluent in NGT" [Table 9.15]. A strong trend of agreement within couples underpinned this, with all 10 (out of 15) couples in which partners' responses were the same, opting for the 'agree' response. The task was perceived as being akin to that of

learning a foreign language with all fathers and 11 mothers agreeing that they saw it in this way [Table 9.16].

Once more a very high level of same response of 'agree' within couples underpinned this result (11 cases).

	Mothers (n=15)	Fathers (n=15)	Total (n=30)
Agree	13	12	25
Neutral	1	3	4
Disagree	1	0	1

Table 9.15: 'I have to become fluent in NGT'

	Mothers (n=15)	Fathers (n=14)	Total (n=29)
Agree	11	14	25
Neutral	2	0	2
Disagree	2	0	2

Table 9.16: 'I look on it like learning a foreign language'

However, the suggestion that "I do not want to learn full adult NGT, I only want to learn NGT at the level I need for my child" [Table 9.17] was strongly disagreed with by both mothers and fathers. This was a point about which couples tended to be of like mind. In 9 cases both partners responded 'disagree'. Similarly the suggestion that "I just want to be fluent enough to communicate with my child" [Table 9.18] prompted strong disagreement and again a high level of same responses within couples (9 out of 15).

	Mothers (n 15)	Fathers (n 15)	Total (n=30)
Agree	2	3	5
Neutral	3	2	5
Disagree	10	10	20

Table 9.17: 'I do not want to learn full adult NGT, only at the level I need for my child'

	Mothers (n=15)	Fathers (n=15)	Total (n=30)
Agree	5	4	9
Neutral	2	0	2
Disagree	8	11	19

Table 9. 18: 'I just want to be fluent enough to communicate with my child'

However, this picture of high expectations of fluency and proficiency in NGT shared between partners, changes when parents are asked to focus more closely on the practical realities of meeting these expectations.

The suggestions "It is not realistic to expect me to learn a whole new language" and "I might not have the skills ever to become a fluent signer" divided parents with almost equal numbers of parents agreeing as disagreeing with these suggestions [Tables 9.19; 9.20]. However, the trend in couple response remained the same.[7]

	Mothers (n=15)	Fathers (n=15)	Total (n=30)
Agree	8	6	14
Neutral	0	2	2
Disagree	7	7	14

Table 9.19: 'Not realistic to expect me to learn a whole new language'

	Mothers (n=15)	Fathers (n=15)	Total (n=30)
Agree	5	4	9
Neutral	3	4	7
Disagree	7	7	14

Table 9.20: 'Perhaps do not have the skills ever to be a fluent signer'

If these responses are compared with those to questions concerning having to become fluent in NGT and treating it like a foreign language, it becomes clear that there are two distinct groups of parents [Tables 9.21; 9.22]

		I have to become fluent in NGT		
It's not realistic to learn a new language	(n=30)	Agree	Neutral	Disagree
	Agree	**11**	2	1
	Neutral	1	1	0
	Disagree	**13**	1	0

Table 9.21: Crosstabulation of 'I have to become fluent in NGT' with 'It's not realistic for me to learn a whole new language'

		I look on it like learning a foreign language		
It's not realistic to learn a new language	(n=29)	Agree	Neutral	Disagree
	Agree	**11**	1	1
	Neutral	2	0	0
	Disagree	**12**	1	1

Table 9.22: Crosstabulation of 'I look on it like learning a foreign language' with 'It's not realistic for me to learn a whole new language'

[7] With regard to 'It's not realistic to expect me to learn a whole new language', in 9 out of 15 couples partners gave the same response; with regard to 'I might not have the skills ever to be a fluent signer', partners in 8 out of 15 couples gave the same response.

Furthermore there were 10 out of 11 parents who were in both 'agree/ agree' groups - henceforth referred to as the 'not realistic group'[8]; and 11 out of 12 parents who were in both 'disagree/ agree' groups - henceforth referred to as the 'is realistic group'[9]. These two groups thus accounted for just over two thirds of the parents in the sample (n=21).

This effect raises two important questions: firstly, what is it that distinguishes these two groups of parents from each other? Secondly, how is it possible for *both* groups to maintain an aim to become fluent in NGT when one group believes learning a new language is realistic and one does not?

To turn first to what it is that distinguishes these groups of parents. In constitution they were very similar: there were 5 mothers and 5 fathers (including 3 couples) in the 'not realistic group'; and 5 mothers and 6 fathers in the 'is realistic group' (including 4 couples). Furthermore, of the Groups identified with regard to account- communication at home (Sec 9.3), equal numbers of Group 1 parents fell into the 'is realistic'/ 'not realistic' groups (8 in each). However, there were two key differences between them.

The first one concerned an estimation of their own skills. Parents' agreement with the suggestion that it was not realistic for them to learn a whole new language, was related[10] to their agreement that they might not have the skills to learn a whole new language. Likewise parents' disagreement with the suggestion that it was not realistic, was strongly related to their disagreement with the suggestion that they might not have the skills ever to be fluent signer [Table 9.23]

[8] The 'not realistic group' expect to become fluent in NGT *and* treat it like learning a foreign language *and* believe it is not realistic for them to learn a whole new language.
[9] The 'is realistic group' expect to become fluent in NGT, *and* treat it like learning a foreign language *and* believe it is realistic for them to learn a whole new language.
[10] Given the small numbers in the sample, it is not possible to verify whether this relationship reaches statistical significance or not using the Chi square test.

	I might not have the skills ever to become a fluent signer		
	Agree	Neutral	Disagree
Not realistic group (n=10)	**6**	3	1
Is realistic group (n=11)	0	2	**9**

Table 9.23: Crosstabulation of 'not realistic'/ 'is realistic' groups with 'I might not have the skills ever to become a fluent signer'

The second area of difference between these two groups concerned how long they had been learning NGT. The 'is realistic' group had been learning on average for a lot less time than the 'not realistic' group. Furthermore, this difference was statistically significant beyond the .05 level [Table 9.24].

	Number	*Standard deviation*	Mean length of time learning NGT	*t*
'Not realistic' gp.	10	15.3	30 months	*2.245**
'Is realistic' gp.	11	10.2	15.9 months	

* Significant beyond the .05 level

Table 9.24: Comparison of 'not realistic'/ 'is realistic' group on length of time learning NGT

This effect would appear to suggest that the longer parents learn NGT then the less likely they are to consider that learning a whole new language is a realistic goal, although they do continue to treat it like learning a foreign language and to expect to become fluent. However, more work would be required to establish the validity of this identified trend and exactly what it is that happens to parents over the period of time that they are learning and that may account for this tendency.

Furthermore, there is a case for an exception to this trend amongst the Group 3 parents (Sect 9.3.2), i.e. those who had consistently advocated NGT, rather than simultaneous communication. Three out of these 4 parents fell into the 'is realistic group', but against the trend of this group, 2 of them had been learning NGT for the longest periods of time of the group (30 months and 36 months). In other words, there is a suggestion that for parents who distinctly set out to use NGT and expect their child to do likewise, their estimation of whether the enterprise is realistic or not, does not diminish over time. However, these numbers are very small and thus one needs to be cautious about the strength of this conclusion.

To turn now to the issue of how it is possible for *both* of these groups to agree that they have to become fluent in NGT, when one group is clearly of the opinion that it is unrealistic to learn a new language and that they might not have the skills to do so. This effect is perhaps explained by the relationships that were found with parents' expectations of their use of simultaneous communication.

Across all parents in the sample, around two thirds agreed with the suggestion that "I want to be able to combine signs and speech as well as possible" [Table 9.25].

	Mothers (n=15)	Fathers (n=15)	Total (n=30)
Agree	12	10	22
Neutral	1	5	6
Disagree	2	0	2

Table 9.25: 'I want to be able to combine signs and speech as well as possible'

If one isolates the 'not realistic' and the 'is realistic' groups, their distribution of responses are consistent with this overall picture [Table 9.26].

	Want to combine signs and speech as well as possible		
	Agree	Neutral	Disagree
Not realistic group (n=10)	7	2	1
Is realistic group (n=11)	7	3	1

Table 9.26: Crosstabulation of 'not realistic'/ 'is realistic' groups with 'I want to be able to combine signs and speech as well as possible'

In other words, combining signs and speech as well as possible was consistent with wanting to be fluent in NGT/ treating it like a foreign language, *regardless* of whether parents considered learning a whole new language to be realistic or not.

However, parents in both groups clearly made some discriminations about their use of simultaneous communication. Not any and all ways of combining signs and speech were acceptable to either group. For example, both groups strongly rejected the notion that "when my child is young it does not matter what kind of signing I produce as long as I am doing some signing" [Table 9.27]. This distribution of responses was consistent with the picture over all parents in the sample [Table 9.28].

	When child is young it doesn't matter what kind of signing...		
	Agree	Neutral	Disagree
Not realistic group (n=10)	3	0	7
Is realistic group (n=11)	2	2	7

Table 9.27: Crosstabulation of 'not realistic'/ 'is realistic' groups with 'When the child is young it does not matter what kind of signing I produce as long as I am signing'

	Mothers (n=15)	Fathers (n=15)	Total (n=30)
Agree	2	3	5
Neutral	6	4	4
Disagree	13	8	21

Table 9.28: All parents in sample: 'When my child is young it does not matter what kind of signing I produce as long as I am signing'

As the Deaf Consultants in Study One have demonstrated, to say a parent uses simultaneous communication, really says little about the quality of that communication for the deaf child (Secs 7.4.2; 8.3). These parents also seemed to be aware of this issue.

These relationships between the intent and the action of the 'not realistic' and 'is realistic' groups can be represented diagrammatically as:

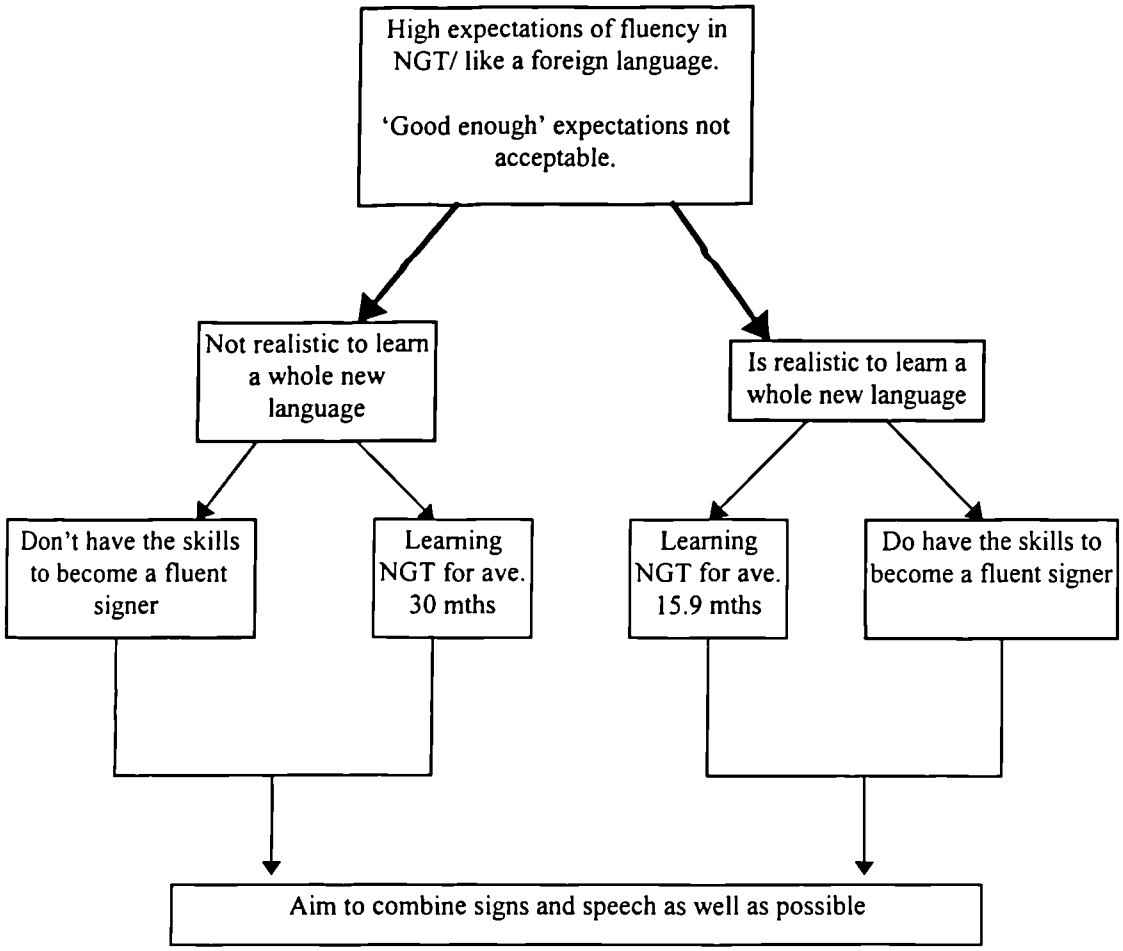

Fig 9.4: The relationships between the expectations and actions of the 'not realistic' and 'is realistic' groups.

These results are interesting when compared with conclusions from Study One. They appear to lend weight to both the views of the teachers and those of the Study One parents', concerning how parents' use of simultaneous communication should be interpreted. Namely, those parents in the 'is realistic' group would appear to fit in to the evolutionary interpretation. Their use of simultaneous communication is consistent with an aim they do not consider to be outside their grasp. However, those parents in the 'not realistic group' would appear to fit the teachers' interpretation of there being a split between ideal and reality. Parents may endorse an aim to use sign language, but are only able to manage to use simultaneous communication instead. However, that communication may be rich and facilitative nonetheless (Sec 8.4).

Before leaving issues in parents' expectations of fluency and proficiency there is one last consideration. What of the 9 parents who did not fit into either the ' not realistic' nor the 'is realistic groups'? These 9 all *disagreed or were neutral about* expecting to become fluent in NGT and treating it like a foreign language. However, for 4 out of 9, the same relationships were found as in the majority of parents, between assessments of skills and assessments of whether learning a whole new language was realistic or not. This finding further supports the strong relationship between these two factors.

9.5 Influences on Parents' Use of Simultaneous Communication

In Study One, the Deaf Consultants had made discriminations about parents' simultaneous communication based on their identification of parents beginning to explore visual/ grammatical properties of the language and parents' interaction with the deaf person themselves. It was not possible to investigate these criteria further in the Dutch Study[11].

[11] The Study had to be carried out over a very short period of time (Sec 6.8.2). It was not possible within this time to set up an additional interview study with the deaf people involved in the intervention nor to film parents' interaction with their children. However, these would clearly have been valuable additions to the data gathered through the questionnaire.

However instead, comments that had arisen in passing from parents in Study One, about their use simultaneous communication, were used as the basis of investigating influences on parents' combination of speaking and signing at the same time Three possible sources of influence had tentatively been established from Study One.

9.5.1 Difficulty

The first category of explanation suggests that signing and speaking at the same time is used because it is simply too difficult for parents *not* to use their voice. Suggestions connected with this category produced some striking differences between mothers and fathers.

Although the suggestion that "it is too difficult to sign without speaking" appeared overall to prompt as much agreement as disagreement and, therefore, not to be particularly explanatory, this was not the case when mothers' and fathers' responses were contrasted. Their very opposite responses of disagreement and agreement [Table 9.29] were statistically significant at the .01 level.[12] Furthermore, between mothers and fathers within couples, 6 out of the 8 cases of couples in which partners did not give the *same response*, are accounted for by mothers agreeing that it is too difficult to sign without speaking and fathers disagreeing with this.

Similarly, the difference in opinion between mothers and fathers over the suggestion that "It is easier to use my voice as well as sign", was statistically significant at the .05 level.[13] [Table 9.30].

	Mothers (n=15)	Fathers (n=15)	Total (n=30)
Agree	10	4	14
Neutral	2	1	3
Disagree	3	10	13

Table 9.29: 'It's too difficult to sign without speaking'

	Mothers (n=15)	Fathers (n=15)	Total (n=30)
Agree	11	8	19
Neutral	3	3	6
Disagree	1	4	5

Table 9.30: 'It's easier to use my voice as well as sign'

[12] Using the Wilcoxon Matched Pairs Signed Ranks Test
[13] Using the Wilcoxon Matched Pairs Signed Ranks Test

In addition for mothers, the suggestions that 'it is easier to use voice as well as sign' and that 'it is too difficult to sign without speaking', were related, suggesting they were considered to be largely synonymous [Table 9.31]. However, for fathers this was not the case. Only 1 out of 15 fathers agreed with both suggestions [Table 9.32].

		It's easier to use my voice as well as sign		
It's too difficult to sign without speaking	(n=15)	Agree	Neutral	Disagree
	Agree	**10**	0	0
	Neutral	1	1	0
	Disagree	0	2	1

Table 9.31: Mothers: Crosstabulation of 'It's easier to use my voice as well as sign' with 'It's too difficult to sign without speaking'

		It's easier to use my voice as well as sign		
It's too difficult to sign without speaking	(n=15)	Agree	Neutral	Disagree
	Agree	**1**	1	2
	Neutral	1	0	0
	Disagree	6	2	2

Table 9.32: Fathers: Crosstabulation of 'It's easier to use my voice as well as sign' with 'It's too difficult to sign without speaking'

This underlying pattern would seem to suggest that for fathers, saying that they found it easier to use their voices as well as to sign, did not imply they could not do otherwise. This is a curious effect and is perhaps linked with fathers reporting fewer difficulties than mothers with the process of learning NGT. This issue is returned to in Section 9.6.

9.4.2 Deliberate Strategy

The second category of explanation for signing and speaking at the same time derived from Study One was that of deliberate strategy. Namely parents use their voice in combination with signs as a means of increasing the child's access to skills associated with the spoken language - speaking and lipreading. Parents' responses to this category of explanation were marked by two distinct features. Firstly, aiding lipreading and encouraging speech, did not prompt similar responses. Secondly, mothers and fathers once more displayed very different patterns of response.

Whereas 'The signs will help my child to lipread' prompted overall agreement, "I want to give the child the opportunity to pick up speech as well"[14] prompted overall disagreement [Tables 9.33; 9.34].

	Mothers (n=15)	Fathers (n=15)	Total (n=30)
Agree	7	11	18
Neutral	3	0	3
Disagree	5	4	9

Table 9.33: 'The signs will help the child to lipread'

	Mothers (n=15)	Fathers (n=15)	Total (n=30)
Agree	8	3	11
Neutral	2	3	5
Disagree	5	9	14

Table 9.34: 'Want to give the child the opportunity to pick up speech as well'

Comparing fathers across these two questions, the differences in their response to each question was statistically significant at the .02 level[15]. Amongst mothers the differences in response between questions are less apparent. However similar percentages

[14] There may seem to be an ambiguity in this question as translated into English i.e. to pick up could imply to hear or to learn. However, in Dutch the meaning was more clearly that of beginning to learn to speak "Mijn kind hoort redelijk veel als het een hoortoestel draagt. Daarom wil ik hem/haar de gelegenheit beiden om ook spraak op te kunnen pikken"

[15] Using the Wilcoxon Matched Pairs Signed Ranks Test.

of 'agree', 'neutral' and 'disagree' across questions are not indicative of individual mothers being strongly consistent in their response across questions [Table 9.35].

		Give child opportunity to pick up speech as well		
Signs will help the child to lipread	(n=15)	Agree	Neutral	Disagree
	Agree	3	1	3
	Neutral	2	1	0
	Disagree	3	0	2
Column Total		**8**	**2**	**5**

Table 9.35: Mothers: Crosstabulation of responses to 'Give the child the opportunity to pick up speech as well' with 'Signs will help the child to learn to lipread'

With regard to wanting to give the child an opportunity to pick up speech as well, mothers and fathers were at their most divergent in response [Table 9.34] with nearly as many mothers being in agreement as fathers being in disagreement. Furthermore, this difference between mothers and fathers over this issue was statistically significant at the .05 level[16].

It would appear, therefore, that an explanation for sign speech combinations based on a deliberate strategy for the promotion of skills in the spoken language is rather complex and dependent upon which aspect of the spoken language is being considered. Parents make distinctions between the promotion of lipreading and the promotion of speech and these distinctions are differently emphasised for mothers and fathers. Whereas for fathers there is a tendency for the child's development of lipreading skills to be motivational, for mothers the tendency is to be in favour of helping the child's development of speech as well.

[16] Using the Wilcoxon Matched Pairs Signed Ranks Test.

9.5.3 Naturalness and Ordinariness

The third category of explanation for the use of voice in combination with signing, concerns parents' own needs to treat the child in what is, from their point of view, a more natural and ordinary way. Once again, mothers and fathers were strikingly differently influenced by the suggestions associated with this category.

Both with respect to "It is unnatural not to use my voice" and "Using my voice is part of treating my child like an ordinary child", agreement amongst mothers was around three times greater than disagreement amongst mothers. Amongst fathers there was a far more even spread of responses across 'agree', 'neutral' and 'disagree' [Tables 9.36; 9.37]. However, the differences in patterns of response between mothers and fathers did not reach statistical significance.

	Mothers (n=15)	*Fathers* (n=15)	*Total* (n=30)
Agree	9	7	16
Neutral	3	3	6
Disagree	3	5	8

Table 9.36: 'Feels unnatural not to use voice'

	Mothers (n=15)	Fathers (n=15)	Total (n=30)
Agree	9	7	16
Neutral	4	3	7
Disagree	2	5	7

Table 9.37: 'Part of treating my child like an ordinary child'

These results would seem to suggest that the use of voice was more important to mothers than to fathers. Indeed, overall, mothers did report a higher incidence of their use of voice with their deaf child than fathers [Table 9.38].

	Mothers (n=15)	Fathers (n=15)	Total (n=30)
Never	0	0	0
Rarely	0	0	0
Sometimes	0	3	3
Often	3	5	8
All the time	12	7	19

Table 9.38: Frequency of parents' use of voice

One possible explanation of this effect might be the significance of voice as part of mother's nurturing role in contrast to father's role with the child. However, the picture is more complex than such an explanation allows. Of the 13 parents who agreed with both suggestions in this category, 6 were accounted for by three *couples* in which partners gave the same response as each other. Furthermore, all of these three couples were parents who had been learning NGT for under 1 year. It would appear, therefore, that any explanation of the use of voice with signs that may be linked to gender and parenting role, must also consider features of couples at different stages of their own development of NGT. This would appear to be a fruitful line of further enquiry.

Furthermore, when parents' responses to this issue of naturalness and ordinariness were compared with those of the 3 groups identified with regard to the account-communication at home relationship (Sec 9.3,) a further differentiation between parents became apparent. *No* parent in Group 3 (those who exclusively advocated NGT) agreed either with the suggestion that "*It is unnatural not to use my voice*", nor "Using my voice is part of treating my child like an ordinary child". However, of parents in Group 2 (those who exclusively advocated simcom including within their definition of bilingualism), 3 out of the 4 agreed with both suggestions.

It would appear, therefore, that a further distinguishing feature of Group 3 parents was, not surprisingly, a reduction in the significance of their own voice in interaction with their child. For Group 2 parents the use of voice in connection with feeling natural and treating the child in an ordinary way, remained a strong influence within the group. However, for Group 1 parents, (those whose ideal aim was simcom but who did not consider simcom to be a definition of bilingualism), individual parents were much more varied in their responses, rather than there being a group trend.

9.5.4 Organisation of Languages in the Home

A fourth area of influence on parents' use of simultaneous communication arose unexpectedly when parents were asked to answer questions concerning their organisation of languages in the home. Organisational strategies are well known in spoken language home bilingual situations in the early years (de Jong 1986), - for example: one parent one language; one time one language etc. Parents in Study Two, were thus asked if they had used any of six organisational strategies offered to them and to comment on their experience [Table 9.39].

The substantial majority of parents had not attempted any of the strategies that were based on the notion of clearly separating the two languages in the home, by person, time, activity or definite teaching. However, far more flexible suggestions, avoiding any clear demarcation of two languages were much more acceptable to parents. Over 90% of parents (n=29) said they had used a strategy of "Gradual incorporation of NGT into activities". Around 75% of parents (n=23) said they used a strategy of "simultaneous communication in non direct conversation".

%	Mothers (n=15)		Fathers (n=15)		Total (n=30)	
	Yes	No	Yes	No	Yes	No
Particular time for particular language	0	15	0	15	0	30
Particular person for particular language	4	11	7	8	11	19
Particular language for particular activity	5	10	5	10	10	20
Specific teaching time for each language	3	12	2	13	5	25
Gradual incorporation of NGT into activities	14	1	15	0	29	1
Use of simcom in non-direct conversation	11	4	12	3	23	7

Table 9.39: Parents' attempts at the organisation of languages at home

Several parents who commented on why these more flexible approaches were preferred, drew attention to how problematic it was to use sign language rather than signing with voice as well, when there were other hearing children in the family, or indeed other adults around. Signing and speaking at the same time, appeared to some parents to offer the potential both to be understood by their hearing and their deaf child, without the effort

of the hearing child learning NGT or parents having to act as interpreters for the deaf child. It was a pragmatic solution. The following was typical of comments made:

> I sign as well as speak...I find it very unnatural, for me, not to use my voice and to use lip patterns. And when there are children or people standing around you or next to you they can also understand what you're saying to your child. Just talking out loud and expressing the signs for the sentence in the grammar of sign language. (019)

Furthermore, support for the use of simultaneous communication in non direct conversation was underpinned by a high level agreement between partners within couples. In 11 out of 15 cases, partners in couples gave the same response as each other, that this was something that they did.

The influence on simultaneous communication of the presence of other non signing hearing people in the family would appear to be important area for further research with families involved in bilingual programmes.

9.6 Parents Learning Sign Language

Parents' assessments of the learning resources available for learning NGT, prompted: highly positive responses, similar responses between mothers and fathers overall and a tendency for partners to give the same response as each other. Thus, parents expressed considerable satisfaction with the amount of teaching they received [Table 9.40], its appropriateness [Table 9.41] and relevance [Table 9.42] to their needs. These issues had been more contentious for parents in Study One, some of whom were not satisfied with some elements of the particular programme in which they were involved (Secs 7.4.3).

	Mothers (n=15)	Fathers (n=15)	Total (n=30)
Enough	7	7	14
Too little	8	8	16
Too much	0	0	0

Table 9.40: Parents' assessment of the amount of NGT teaching received

	Mothers (n 15)	Fathers (n=15)	Total (n=30)
Agree	2	2	4
Neutral	1	2	3
Disagree	12	11	23

Table 9.41: 'I know adult signs not child signs'

	Mothers (n=15)	Fathers (n=15)	Total (n=30)
Agree	4	3	7
Neutral	2	3	5
Disagree	9	9	18

Table 9.42: 'The signs I learn are not always the signs I need'

Furthermore, parents on average assessed quite highly the relevance of the NGT input they received, the amount they were able to remember and the amount they used [Table 9.43]. Differences between mothers and fathers were not statistically significant.[17]

%	Mothers Average	Fathers Average	Range
	(n=14)	(n=14)	
Amount of NGT learned that is used	62.5	62.1	30 - 90
Amount of NGT learned that is	70.0	70.7	40 - 90
Amount of NGT learned that is relevant	75.0	77.9	50 - 100

Table 9.43: Parents' assessment of amount of NGT learned that is used, remembered, and relevant

Some aspects of parents' assessment of the learning process also followed a similar pattern, with partners tending to agree with each other and mothers and fathers overall giving a highly positive assessment. Two such examples were parents responses to "I find

[17] Using a 't' test.

it enjoyable to learn to sign"[18] [Table 9.44] and "I find learning to sign embarrassing"[19] [Table 9. 45]

	Mothers (n=15)	Fathers (n=15)	Total (n=30)
Agree	10	11	21
Neutral	2	1	3
Disagree	3	3	6

Table 9.44: 'I find it enjoyable to learn to sign

	Mothers (n=14)	Fathers (n=14)	Total (n=28)
Agree	0	0	0
Neutral	2	1	3
Disagree	12	13	25

Table 9.45:I find it embarrassing to learn to sign

However, in general questions concerning the *process* of learning and using sign language, prompted a different pattern of responses to those connected with an appraisal of the learning resources. Parent responses were not characterised by a strong tendency for partners to give the same response as each other, and responses were spread out over the options of 'agree', 'neutral' and 'disagree'. For example, whilst most parents did not feel under pressure learning to sign, around half could not be so emphatic[20] [Table 9.46]. *Similarly, only a quarter of parents could agree that* learning to sign was easy [21] [Table 9.47].

	Mothers (n=13)	Fathers (n=13)	Total (n=26)
Agree	2	4	6
Neutral	4	3	7
Disagree	7	6	13

Table 9.46: 'I feel under pressure learning to sign?'

	Mothers (*n*=15)	Fathers (*n*=15)	Total (n=30)
Agree	4	4	8
Neutral	9	6	15
Disagree	2	5	7

Table 9.47: Learning to sign is easy?

This change in pattern of responses to one that does not follow by couple and reflects a range of reactions, is perhaps not surprising. It may simply reflect that learning anything is a very individual matter to which individual skills and abilities are brought. It is not something to which partners necessarily bring a similar ability.

[18] Within couples, 8 out of 15 partners gave the same 'agree response'.
[19] Within couples, 11 out of 15 gave the same 'disagree' response.
[20] In 9 out of 13 couples who responded to this question, partners did not give the same response.
[21] In 10 out of 15 cases, partners did not give the same response.

Indeed, when parents considered in finer detail specific features of learning and using sign language, the same effect was repeated. There was no tendency towards partners giving the same response as each other and responses were spread out across 'agree', 'neutral', 'disagree' [Table 9.48]. However, fathers expressed slightly less agreement than mothers that they might have some problems with some aspects, but this tendency was not statistically significant.[22]

	Agree			Neutral			Disagree		
	M	F	T	M	F	T	M	F	T
Can name but not explain	7	2	9	4	8	12	4	5	9
Vocabulary not big enough	7	6	13	4	8	12	4	1	5
Forget the signs learned	1	4	5	8	9	17	6	2	8
Problems with the grammar	4	3	7	5	6	11	6	6	12
Problems with time expressions	4	2	6	6	5	11	5	8	13
Sign synonyms confuse	8	5	13	3	6	9	4	4	8

Legend: M Mother (n=15); F=Father (n=15); T=Total (n=30)

Table 9. 48: Difficulties parents may experience in the learning and production of NGT

Furthermore, with the exception of one mother and one father (not a couple) who disagreed with all questions in this section, parents did not consistently give the same response to each aspect of learning and using sign language. Also, no obvious differences in response were found between parents who had been learning for under 18 months and those who had been learning for over 18 months.[23] In other words, questions concerned with aspects of learning and using sign language, tended to prompt highly individualised responses, specific to the aspect of learning/use being considered, regardless of how long parents had been learning.

However, there were some exceptions to this picture. There were four issues about which parents strongly disagreed that they had difficulties. The disagreement was also underpinned by a tendency towards partners giving the same response as each other. Two of these issues concerned prerequisites for visual communication, such as getting the child's attention [Table 9.49]. Such aspects as these were clearly not perceived to be problematic. However, parents were not observed in practice, therefore, it is not possible to

[22] Using the Wilcoxon Matched Pairs Signed Ranks Test.
[23] Crosstabulations were carried out, however, the size of the sample precluded the use of Chi Square.

ascertain whether parents' confidence was justified. Nonetheless, there is some evidence to suggest that these were aspects that parents perceived to improve the longer they were signing. Slightly more parents disagreed they had difficulties in the group who had been learning over 18 months than in the group who had been learning under 18 months.

The other two exceptions [Table 9.49] are possibly explained by parents reacting against what are perceived to be common myths about sign language - namely that sign language cannot describe anything that is not concrete and that it is only a vocabulary of single signs. Parents who had given such a strong account of NGT as a language (Sec 9.2), were unlikely to agree with these suggestions.

	Agree			Neutral			Disagree		
	M	F	T	M	F	T	M	F	T
Can only sign single words no sentences	1	2	**3**	6	3	**9**	8	10	**18**
Can't describe non present objects	1	2	**3**	3	3	**6**	11	10	**21**
Difficult to get the child's attention	5	5	**10**	3	2	**5**	7	8	**15**
Difficult to remember to look at the child	1	2	**3**	0	1	**1**	14	12	**26**

Legend: M=Mother (n=15); F=Father (n=15); T=Total (n=30)

Table 9.49: Other difficulties parents may experience in the learning and production of sign language

Summary

These results lend support to conclusions drawn form Study One. Namely, parents do not perceive the learning and use of sign language to be a priori a task of overwhelmingly difficulty (Sec 8.4.3). Rather it is as easy or difficult as parents' individual circumstances and abilities allow.

Furthermore, no relationships were found between parents' responses to questions concerning the learning and use of sign language and the different groups of parents that have been previously identified (Secs 9.3; 9.4). This apparent lack of connection is perhaps surprising. It might have been expected, for example, that Group Two parents who defined

bilingualism as simultaneous communication and whose expectations of themselves and their child were also this (Sec: 9.3.1), might perceive themselves to have fewer difficulties learning to sign. Or, perhaps Group 3 parents who strongly advocated NGT rather than simultaneous communication, might also have been expected to be parents who claimed fewer difficulties. However, no such relationships were found. Also, there were no characteristically different response patterns among the 'is realistic' and 'not realistic' groups (Sec 9.4).

It would appear, therefore, on the limited evidence available, that neither parents' accounts of bilingualism, nor their aims and expectations of communication affected assessments of the ease or difficulty of learning and using sign language. This would suggest that far more person specific factors were influential, however, considerably more work would be needed to clarify *what these might be.*

9.7 Deaf Culture/ Deaf Community

Unlike the parents in Study One, an high number of parents in Study Two claimed familiarity with the terms 'Deaf community' (11 mothers, 15 fathers) and 'Deaf culture' (14 mothers, 15 fathers).

The vast majority of parents explained what they understood by 'Deaf community' in terms of deaf people being amongst deaf people ("Doven onder elkaar"). This association was generally thought of as positive and parents mentioned the importance of clubs and organisations, both social and political. However, few parents (4 out of 30) mentioned sign language as a binding or defining feature of the community.

Similarly, a third of parents offered an essentially social definition of 'Deaf culture', linked with deaf people having contact with each other. Within this, 5 parents mentioned special rules of behaviour and association that have grown up through such contact and which they considered integral to a definition of culture. Another third of parents highlighted differences between deaf people and hearing people, choosing more to define

Deaf culture in opposition to that which it is not. In this respect, 6 parents concentrated on the separateness of the deaf world and how its traditions had evolved over time and in distinction to the hearing world. Another 5 parents mentioned the difference in "mentality" and view of the world that they had noticed deaf people posses. As in comments on the Deaf community, few parents (3 out of 30) mentioned sign language as a defining feature.

Clearly these parents had thought a lot about the Deaf community and Deaf culture and had quite a sophisticated understanding of this. However, it is striking how little attention was given to sign language. As already noted (c.f. Ch 4), deaf people talk in terms of sign language being the key binding force and defining feature from which all other aspects of community and culture derive their significance and value. However, these parents seem to see essentially the social value of the community and its cultural features separately from sign language in the community. The comments that were made about sign language were generally in connection with it being an "easy" form of communication for deaf people to use when together. This is a very different emphasis from that of deaf people themselves (c.f. Ch 4).

Parents saw many advantages for themselves in being involved in the Deaf community. For a few, the possibility of improving and using their NGT was important. However, for the overwhelming majority, the advantages were framed in terms of increasing their "knowledge" and "insight" into the deaf world. In a similar manner to parents in Study One, these parents were being confronted with having to discover the world of their child (Sec 7.7). Furthermore, they were aware this world was not a damaged version of their own, but rather one lying outside their experience and understanding. Parents comments are remarkable for the extent to which they identify their children as different from themselves and the way they describe deliberate attempts to develop empathy and mutual understanding. For example:

> Increasing the contact between your child and yourself, showing the child that you find it interesting too. (017)

> Maybe gaining more understanding and clarity about how it is to live like a deaf human being, including maybe being more able to put myself in my child's shoes. (024)

However, in a similar manner to Study One parents, some parents in Study Two found this confrontation with their child's difference from themselves a painful experience. Indeed of the 13 parents who perceived there to be 'disadvantages' in their involvement with the Deaf community, most mentioned having to face up to the 'difference' and 'separateness' of their deaf child from themselves as main disadvantages. Some parents described a particular sense of not belonging where their child belonged and being themselves unable to integrate into the deaf world.

From the child's point of view, most parents identified advantages for the child of involvement in the Deaf community (20 out of 30). Parents identified the importance to their child of contact with other deaf people so the child did not feel isolated. Parents described their children feeling "at home" and "at ease" with other deaf people, of having "shared experiences", of being amongst "equals" and gaining a sense of "solidarity" and "increased self esteem":

> These kids just being amongst themselves already does the child good (019)
>
> ...belonging to a place where she feels at home and understood (007)

Easy communication in sign language between the children and with deaf adults was mentioned by many parents in connection with this kind of advantageous contact. Three parents specifically pointed out the role of deaf adults as models of language and culture to the children:

> The child can identify with deaf adults and see that they are patient, good people. They can learn a lot of things from these people, that we, as hearing, don't exactly know about their culture. (028)

However at the same time, some parents encountered an experience that is highly unusual for any parent of a young child, namely that their child could communicate better with

someone other than themselves. Twelve out of 29 parents estimated their child could communicate with a deaf adult better than the child could communicate with them. Once again this produced some difficult and mixed emotions for parents. The following was typical:

> I'm proud of her that she can do this. I find it a shame that I can't do it [communicate in NGT] as well with her. Sometimes I'm jealous. (040)

Hearing parents of deaf children have rarely had to deal with an experience such as this. Parents have had to deal with frustrations and difficulties in communication their child. However, outside a bilingual/ bicultural model, these difficulties have never really been contrasted before with what their child is able to achieve with someone else.

Although, as noted, the vast majority of parents had given 'Deaf culture' some thought and formed some meaning around it for themselves, around half of the parents (14 out of 30) had not thought about what it was to be 'bicultural', either for their child or for their family. This was a harder concept to grasp. Three parents clearly stated that they did not think that their child needed to be bicultural if bilingual, nor that their family needed to be either. However, there were 13 parents who did associate bilingualism and biculturalism for child and family.

Most of these parents described biculturalism in terms of some kind of *interchange* between the deaf and hearing worlds occurring in their family. For example, parents described an exchange of "values", of working towards being "comfortable" in both worlds and being able to "step between" both. Some families went one step further to consider how through such contact and exchange, their own values, understanding and way of seeing things would actually be modified. It was not so much that the two worlds would co-exist, but that they would actually act upon each other and both be changed:

> An enrichment of your knowledge about how people live. It changes your thinking and acting, more mutual understanding. (028)

> We must stay busy engrossing ourselves in each others worlds constantly. Staying open all the time. Taking great pains. (037)

Summary

Although more informed than parents in Study One, these parents in Study Two had very similar experiences in relation to the Deaf community and Deaf culture. They too were being confronted with having to search for a world of their child and of seeking to make Deaf culture relevant to their family. The challenge, and for some families, pain of these experiences, should not be underestimated.

9.8 Conclusion

This Study has looked in very fine detail at some of the issues initially raised by Study One. Even with such a relatively small group of parents it has been possible to discern patterns and differentiate groups of parents. In this way, the Study has both endorsed and considerably expanded many of the conclusions from Study One. The next Chapter will discuss these findings in relation to the first Study.

CHAPTER TEN: REFLECTIONS AND CONCLUSIONS (STUDY TWO)

This chapter will provide a summary of the main findings of Study two then discuss these in relation to the conclusions drawn from Study One.

10.1 Summary

- Parents respond positively to a bilingual account of their deaf child. At the level of expressed attitude, it is an account that is easy to accept and that unites, *rather than* divides couples. However, parents do not presume that a bilingual/ bicultural approach will remove all potential difficulties their child may face.

- The consequences of this account for communication and language at home are not straightforward. For the majority of parents, their understanding of bilingualism in the deaf context and expectations of their child's language use as a bilingual, do not set guidelines to be replicated in communication at home.

- The majority of parents aim to use simultaneous communication. However, this is considered entirely consistent with an account of bilingualism/ their child's language use, that cleanly differentiates sign language from simultaneous communication or speech and expects simultaneous communication to be of little value to the child.

- Parents consider the child's use of either simultaneous communication or sign language at home to be consistent with the child developing sign language as first language.

- There are two minority groups of parents for whom their understanding of bilingualism in the deaf context does set guidelines for their expectations of communication at home: parents who understand a bilingual as one who uses simultaneous communication and expect themselves and their child to do likewise; parents who attempt not to mix sign and speech at home and who expect their child mainly to use sign language.

- Parents who have more than one deaf child and who have experienced an alternative approach to early intervention as well, may be more likely to attempt to distinguish sign language from simultaneous communication at home.

- In understanding how it is possible for parents to consider their simultaneous communication to be consistent with their aim of fluent sign language, evidence from Study Two supports both the 'Ideal/ Reality Compromise Model' and the 'Evolutionary Model'.

- Key variables differentiating parents within these two models were length of time learning sign language and parents' estimation of their own skills. The longer parents had been learning to sign the less likely they were to consider their aim realistic and the less likely to estimate they had the skills to become a fluent signer.

- Parents use of simultaneous communication is not indicative of them *assuming* that any and all forms of combining signs and speech are equally acceptable.

- Mothers and fathers are very differently influenced in their use of simultaneous communication.

- Fathers' agreement that they *found it easier to use* voice as well as sign was not synonymous with it being too difficult for them to do otherwise, however, for mothers it was.

- Fathers did not display as strong a tendency as mothers to combine signs and speech in order to facilitate the child's development of speech. They were more concerned with the development of the child's lipreading skills.

- With the exception of parents who sought to distinguish sign language from simultaneous communication, the use of voice was strongly linked to parents feeling 'natural' with their child and treating the child like an 'ordinary' child. There was a tendency for both partners to share these feelings if they had been learning sign language for under one year. However amongst those who had been learning for over one year, it

was mainly mothers for whom the use of voice was significant in connection with naturalness and ordinariness.

- The process of learning and using sign language was not considered to be of overwhelming difficulty. It was as easy or difficult as individual parent's skills and abilities allowed. Individual parents' assessments of learning were not related to patterns of response in connection with account-communication at home, nor to those associated with the 'Ideal/ Reality Compromise Model' and the 'Evolutionary Model'.

- Parents' understanding of Deaf culture/ Deaf community and its benefits, was an essentially social one in which the cultural significance of sign language for deaf people was not appreciated.

- The key issue for parents with regard to *Deaf community/ Deaf culture* was not that of gaining access to and knowledge of it. Rather parents were more concerned with struggling to discover its relevance to and impact on, them and their family. Parents experienced conflicting and uncomfortable emotions as they at one and the same time, supported their child's involvement with deaf people/ Deaf culture and were confronted by their child's 'otherness' from *themselves.*

10.2 Discussion

The sample of parents in Study Two were very different from those in Study One: there was a greater number, there were no single parents, there were as many fathers as mothers, they were involved in a differently structured intervention (Sec 6.8). However, data from these parents has both expanded and endorsed many of the conclusions drawn from Study One.

10.2.1 Making Distinctions Between Sign Language and Signed Communication

The majority of parents in Study Two claimed to use simultaneous communication with their child, defined in the study as 'a mixture of sign and speech'. 'The Evolutionary Model' derived from Study One had suggested that parents considered their simultaneous communication to be entirely consistent with aiming to use sign language (Sec 8.3.5). It was not indicative of something they used instead of sign language nor of their inability to live up to their intent. Rather it was a stage on their way to fluency in sign language. However, evidence from Study Two suggests that 'The Evolutionary Model' is not an adequate description of parents' claims about simultaneous communication and its relationship with sign language.

There was indeed a group of parents, the 'is realistic group', (Sec 9.4) for whom 'The Evolutionary Model' was supported. However, it appears to be a model that is more associated with parents involved in the earlier stages of a bilingual programme (under 18 months involvement). Over time parents continue to aim to mix sign and speech as well as possible but are less inclined to believe that fluency in sign language is a realistic goal (Sec 9.4). In other words, for these parents, there is the beginning of a dislocation between their simultaneous communication and its perception as an evolutionary learning stage on the way to fluent sign language.

This dislocation, is reminiscent of 'The Discontinuous Model' derived from the hearing teachers in Study One (Sec 8.3.3). This model suggested that parents' simultaneous communication may be rich and facilitative for the child, but it could not be considered sign language. However, 'The Discontinuous Model' does not adequately describe parents' point of view either, even when they have given up on 'The Evolutionary Model'.

The problem with 'The Discontinuous Model' is that it does not attempt to make any discriminations about the potential or quality of parents simultaneous communication. However, this appears to be something that parents themselves do. Parents in Study Two were very clear that not any and all forms of mixing signs and speech were equally acceptable to them.

No data were available in Study Two of the kind of discriminations parents did actually make, however, the fact that they acknowledged there were some to be made, supports a central insight of 'The Micro Features Model' (Sec 8.3.4). Namely, that although remaining a mixture of sign and speech, some kinds of simultaneous communication may be of a better quality for the child acquiring sign language than other kinds. To fail to understand this level and to dismiss simultaneous communication as not sign language, is to miss this potential. This is a phenomenon that has been noted in other studies of parents learning to sign in bilingual programmes:

> Hansen has a no-nonsense attitude about the fact that the language in the home of most deaf children is Danish, and that no matter how fluent family members become in DSL[1], the primary language used by parents and other family members in communicating at home will often be Danish. She accepts that talking and signing at the same time (simultaneous communication or 'sim-com') is probably the model use for *practical reasons much of the time* in the home. But she added and interesting caveat about that:
>
> 'There is a huge difference in the signed output and the quality of the communication when the thing parents learned to understand and produce is Danish Sign Language. It is as different as night and day from the days when parents learned only Signed Danish vocabulary and the communication was based on single signs paired with spoken Danish words.' (Davies 1991, p.189)

Finally, none of the three models concerning parents signing derived from Study One, anticipated or described a minority group of parents identified in Study Two. These were the parents for whom issues surrounding the perceived relationship of simultaneous communication and sign language did not arise. They simply did not aim to use simultaneous communication and did not expect their chid would use it at home either, [Group 3 parents] (Sec 9.3.2).

Conclusion

Theoretically, one of the strengths of a bilingual model of early intervention, is that it distinguishes between deaf people as early language models and parents as the primary

[1] Danish Sign Language

communicators and purveyors of 'world knowledge' (Sec 5.2). However, the accumulated evidence of Studies One and Two has demonstrated strongly that, in practice, this distinction is not so neat. For parents the perceived relationship between their communication and sign language, is a highly complex and shifting one.

Perhaps this effect is not surprising. A bilingual model usurps a fundamental expectation of parenting. Namely, that there is a very direct connection between being a parent, communicating/ interacting with ones' child and the child's development of a first language shared with the parent. It may, therefore, be the case that in charting the perceived relationships between simultaneous communication and sign language, one is in fact charting the different *ways parents will come to terms* with this change in one aspect of their parenting role.

For example, it would seem that a minority of parents seek to retain the usual form of connection between parenting, communication and the child's development of a shared language. These are parents who simply attempt to *substitute* sign language for spoken language [Group 3 parents]. It will be the language in which they communicate with the child and thus the language the child will acquire. In this way they attempt to fulfil *unchanged one of* their expected roles as parents.

However, for the majority of parents, the response is one of *partial* acceptance that the direct pathway between them and their child's first language will be rerouted. The acceptance is partial, because on the one hand, parents do admit dislocations such as: the form of communication they use with the child (simultaneous communication) will not necessarily be the language they expect the child to use in the home; or that the child may use one form of communication in the home (simultaneous communication), but equally will acquire a different language as their first and most fluent language (Secs 9.3.1).

However, at the same time as acknowledging these changed relationships, parents, at least initially, do not regard their signing as inconsistent with an expectation of eventual fluency in their child's first language. In other words, the synchrony between parents' use of

language and the child's first language is preserved in intent, even if not wholly evinced in action.

In conclusion, this evidence suggests that one should very be cautious about presuming either that a bilingual model will release parents from the burden of being responsible for their child's language acquisition, or that it increases their sense of responsibility for this (Sec 5.2). A better description of what happens is that parents are involved in an ongoing process of accepting the changed relationship between parenting, communication and the child's first language. This process will not necessarily be easy for all parents to negotiate. Therefore, intervention services should be aware of the complexity of issues surrounding both the 'meaning' of simultaneous communication to parents and the criteria for interpreting its quality.

10.2.2 The Development of Two Languages Within a Bilingual Framework

Study One offered two perspectives with which to understand the child's development of two languages within a bilingual framework. The 'Strict Child Centred Perspective' (Sec 8.5.2) was a sequential model which emphasised the *importance of the child* acquiring sign language first. The learning of the spoken/ written language was not considered an immediate or necessarily appropriate target for the early years of language development. Conversely, 'The Choice Centred Perspective' was based on the assumed benefits of the child's exposure to *both* sign language and the spoken language. It allowed for the possibility of the child, as a result of such exposure, to develop one or the other as his/ her preferred first language, or to acquire them both simultaneously (Sec 8.5.3). How parents envisaged the child's development of two languages remained unclear (Sec 8.5.4).

Data from Study Two have demonstrated that envisaging the child's development of two languages is a rather ambiguous and confusing issue for parents. Indeed parents in Study Two seemed to hold both a 'Strict Child Centred Perspective' and a 'Choice Centred Perspective' at the same time.

The 'Strict Child Centred Perspective' was the dominant one, attitudinally. That is to say it was supported when parents responded to questions which probed understanding and expectation. Thus, for example, parents endorsed the significance of NGT as the easiest means for their child's expressive and receptive communication and the language most likely to be acquired first. The majority rejected the possibility that the child might acquire a mixture of sign and speech or that spoken language would have an equal receptive/ expressive potential for the child.

However, some of the parents' descriptions of their actions, seemed allied more to the 'Choice centred Perspective'. For example, a wish to encourage the child's development of speech and lipreading skills from the earliest years did exert some influence over parents use of signing and speaking at the same time. Using voice in connection with signs was perceived as offering a choice to both the child and the rest of the family to participate more fully in communication.

However, in explaining this effect of parents seeming to hold both perspectives at the same time, it is necessary to be cautious. It is tempting to conclude rather simplistically that parents say one thing and do another. They pay lip service to the 'Strict Child Centred Perspective', but in practice deliberately pursue a different aim. However, this is a rather unlikely explanation. Firstly, it presupposes a certain hypocrisy on parents' part. Secondly, the weight of support parents express overall for the aims of a bilingual/ bicultural approach militate against any suggestion of a deliberate attempt on their part to undermine it.

Rather, this effect of parents seeming to hold both perspectives at the same time is more adequately explained by parents experiencing some difficulties in the translation of intent into personal family context. For example, a strict child centred perspective, in which the child's development of expressive/ receptive ability in the spoken language is consigned to a later age, may be relatively easy to support in intent. However, in reality it may be very difficult for parents to give up a very basic expectation of communication with their child in the spoken language.

This difficulty does not arise necessarily because parents want their child to be a spoken language user more than they want their child to be a sign language user. Rather, as Study Two has demonstrated, in the early years, speech is significant for parents in other ways.

For example, for the majority of parents, particularly mothers, the use of voice is associated with feeling natural with the child and treating the child in an ordinary way. In other words, it is linked to some affective considerations in parenting. The use of spoken communication, be it supported by signs or not, is also a very practical consideration for parents as they try to develop communication at home that includes, rather than excludes both hearing and deaf children.

Thus, parents may have quite a clear understanding of their child's bilingual development based upon a 'Strict Child Centred Perspective', but they meet with other influences when they try to translate this into their own personal and family context. Hence parents apparently hold allegiance to both perspectives on their child's development of two languages within a bilingual model.

Conclusion

Bilingual early intervention programmes currently vary in the model they adopt for encouraging the child's development of two languages within a bilingual framework. Some programmes are more inclined towards what these Studies have characterised as a 'Strict Child Centred Perspective' (Johnson, Liddel and Erting 1989) and some more towards a 'Choice Centred Perspective (Beck, van der Lem, Schermer and de Ridder-Sluiter 1995; Pickersgill 1993).

However, parents in these Studies have demonstrated that perhaps there is a need to be less concerned with which perspective on child language development to adopt and more concerned with the consequences parents experience when they attempt to follow a bilingual approach at home. These parents in Study Two were not contradicting themselves by action not matching intent. Rather, they were trying to deal with the fact that there was

no easy translation of intent into action because there were other influences on their behaviour.

If one were to follow parents lead in this respect, intervention services would explore with parents how they marry their bilingual intent with the personal and practical situations they encounter. This interface of intent and context will give rise to both feelings and practical issues over which parents may require guidance and support.

10.2.3 Parents Learning and Using Sign Language

Evidence from parents in Study Two is highly consistent with that of parents in Study One, with regard to the ease or difficulty of learning to sign (Sec 8.4.3). Firstly, it was confirmed, that parents tend not to regard sign language as so different or difficult as to lie outside the range of that which could be achieved. It was not seen as an impossible ideal. Secondly, potentially highly specific difficulties associated with learning and using a visual language, were not considered unusually problematic. Thirdly, the most telling factor in whether learning to sign was easy or difficult, was the individual themselves, not the language.

In other words, the difficulties associated with learning and using sign language are person specific not goal specific. This conclusion was further reinforced by the lack of association found in Study Two, between parents' assessment of ease/ difficulty of learning to sign and the identified patterns of communication at home/ expectations of proficiency (Secs 9.3; 9.4).

10.2.4 Deaf Culture/ Deaf Community

Although Study Two parents had a greater factual understanding of Deaf culture/ Deaf community than Study One parents, the same issues arose for parents in both Studies.

Firstly, parents encountered a paradox in their contact with deaf people, sign language and Deaf culture. On the one hand it provided them with a positive appreciation of their deaf child's potential and redressed some of the feelings of loss they associated with having a deaf child. However, at the same time, this contact also introduced them to new senses of loss and being lost.

Like parents in Study One, Dutch parents reported being confronted with experiences of not being able to presume empathy with or knowledge of their child. They found themselves struggling to make sense of their child's world and they recognised the 'otherness' of their child when in the company of deaf adults.

These experiences of trying to understand their deaf child, were not of the same ilk as those parents have reported in the past. For example, it has been common for parents to describe finding it hard to imagine what it is like not to be able to hear, or wondering what the child is really able to appreciate of what is going on in the family (Gregory 1976; Gregory, Bishop and Sheldon 1995). However, for parents outside a bilingual/ bicultural framework, it is the child who has been lost, in not being 'like hearing'. For parents within a bilingual/ bicultural framework, it is the parents who experience being lost, in not being 'like deaf'. It is not that parents encounter in their deaf child something missing, but rather it is that parents encounter something found, but which they do not yet fully understand.

Some parents seemed more equipped than others to manage such feelings. Some found the experience of loss, in this sense, motivating, whilst for others it could be frightening and painful. For many it was both. However, these experiences were consistent between Studies, indicating that they are ones of which intervention services should be particularly aware and address.

The second issue to arise in Study Two as well as in Study One, was that of the difference between knowing about/ having access to Deaf culture and making it meaningful and relevant to the family (Sec 8.6). However, evidence from Study Two indicates that this distinction may in fact be that between culture and biculturalism.

Whilst all parents in Study Two had a grasp of Deaf culture and could give examples of it, only around half had thought about or could describe what they understood by being 'bicultural'. To those who had, to be bicultural was to experience how contact with deaf people/ Deaf culture challenged, changed and re-formed their pre - existing attitudes and behaviours. In other words, Deaf culture became relevant and meaningful when parents began to appreciate that they themselves were being changed as a result of the contact.

This realisation is perhaps only one that comes with time, as a progression. On the other hand, it may be a stage that some parents will never reach. For example, it has been remarked that the mastering of a new skill, such as learning to the play the piano, can affect the individual in one of two ways. Either the skill is regarded as something collected and added to the pre-existing personality, or the individual comes to realise that who they are has actually been changed through having acquired the new skill (Dell 1982).

Whilst introduction to a new culture is not exactly similar to learning to play the piano, the analogy makes a point. There is no guarantee that parents may progress from collecting Deaf culture like one would collect stamps, to an appreciation that they will change under its contact. However, intervention services might assist parents in moving beyond simply knowing about Deaf culture, to exploring its relevance and meaning and thus beginning to grasp the biculturalism their deaf child will bring to their family.

Finally, the third issue in connection with Deaf culture that recurred in Study Two, concerned the significance of sign language. In both studies most parents were not aware of the centrality of sign language to Deaf culture/ Deaf community from the deaf person's point of view. Whilst the social meaning of the Deaf community was appreciated, that based on the meaning of sign language to the community was not.

This omission may be an indication of how difficult it is for hearing people to appreciate the role sign language plays for deaf people in defining community and culture. On the other hand it may be an indication of the limited influence deaf people have had in the implementation of the bicultural element of the programmes in which parents were

involved. Either way, it is an issue that requires some further consideration in the practice of bilingual/ bicultural early intervention.

10.2.5 Fathers

It is generally remarked that it is difficult to engage fathers in programmes of early intervention (Sec 8.7). In Study One, this proved to be the case. However, in Study Two fathers were very involved in the early intervention programme.

This effect is perhaps explained by some sociocultural differences associated with the programme in The Netherlands in comparison with that in the U.K. For example, parents are generally only accepted in the programme if both mothers and fathers give a commitment to attend. Furthermore, the social welfare policies of the Netherlands support this insistence by providing parents with remuneration of lost earnings for time engaged with services to support their deaf child.

In other words it is not necessarily difficult to engage fathers in early intervention programmes. However, it does require the correct structural framework to allow this to happen, both with regard to the programme itself and to the social policies of the state.

Through being able to engage as many fathers as mothers in the research, Study Two was able to consider whether bilingual/ bicultural intervention impacted in a similar or dissimilar manner on mothers and fathers. To this end it became clear that at the level of attitude, aims and expectation, a bilingual bicultural approach affected mothers and fathers very similarly. A bilingual/ bicultural account of their deaf child was a source of considerable consensus within couples.

However, at the level of actual action, mothers and fathers tended to be very differently influenced. This was most obviously seen with regard to communication and language. For example, differences in influence on mothers' and fathers' use of

simultaneous communication reached statistical significance (Sec 9.5). Also, fathers reported slightly fewer difficulties than mothers in the learning and use of sign language.

Perhaps this trend towards similarity in attitude but not in action is not that surprising. Given that both parents have to be engaged in the early intervention programme, they are perhaps more likely to have had to reach a consensus about what they and doing and why. However, mothers and fathers are not likely to engage with their child communicatively in the same way. For example, it is likely there will be differences in the amount of time they spend with the child and in the situations in which they routinely interact with the child.

This effect of consensus in attitude and dissimilarity in action is interesting. However it would be rather problematic to suggest that a bilingual/ bicultural intervention in particular produces it. It may well be one that is likely occur in any early intervention of whatever approach given the likelihood of characteristic role differences in parenting between mothers and fathers. However, there is little comparative evidence available with which to assess this conclusion.

10.2.6 Understanding the Impact of Bilingual/ Bicultural Intervention on Family Adjustment

Study One had suggested that a characteristic effect of bilingual/ bicultural intervention was to create for parents contradictions and tensions around different levels of experience: 'The Tiered Effects Model' (Sec 8.2.3). Thus typically, parents' positive acceptance of a socio-linguistic cultural understanding of their child's deafness created, rather than resolved, many difficulties for families (Sec 8.2.3). Parents did not consequently reject a bilingual/ bicultural approach, but rather held the account of the child it created at the same time as the emotional and practical difficulties it engendered.

As evinced in the previous discussions, Study Two has provided further evidence of 'The Tiered Effects Model'. There were many examples of the characteristic tensions

between account and action. Some occurred in the same domains as in Study One. For example in parents' experiences of contact with deaf people/ Deaf culture (Secs 9.7; 10.2.4). Other examples occurred across other domains not considered in Study One. For example, in the way in which parents' accounts of bilingualism/ their child's bilingual language use did not provide a straightforward blueprint for parents' communication at home (Secs 9.2; 9.3). Similarly, parents' tended to hold seemingly contradictory perspectives on their child's development of two languages (Sec 10.2.2).

The current debate concerning the feasibility and validity of bilingual/ bicultural intervention has not considered this characteristic kind of impact. Those who would offer negative criticism of bilingual/ bicultural early intervention have generally done so in terms of the circumstances of the hearing family militating against the feasibility of the approach. Those who would offer positive support have tended do so in terms of a bilingual/ bicultural intervention reducing some of the more problematic consequences for the family of intervention based on other approaches (c.f Ch 5).

However, 'The Tiered Effects Model' suggests that neither of these arguments really addresses the typical experiences a bilingual/ bicultural intervention provokes for parents. Theoretically, therefore, this model creates a new basis for the debate concerning validity and feasibility and a new basis from which to predict the consequences for families of bilingual/ bicultural early intervention. Practically, it offers new concerns for intervention to address. In both respects, the focus shifts to how parents are able to mange and/or resolve the tensions which the approach creates.

Having said this, however, 'The Tiered Effects Model' did not describe the experiences of all families in Study Two. For a small minority, the impact was more akin to that described by the Deaf Consultants under 'The Replacement Model' (Sec 8.2). Namely, there were four parents for whom tensions around account and action did not occur, at least with regard to communication. Rather, both levels of experience were governed by having substituted NGT for everything else (Secs 9.3.2; 10.2.1).

These were also parents for whom concerns such as the naturalness and ordinariness of using voice with the child were not influential (Sec 9.5.3). 'The Replacement Model' would explain this effect in terms of such concerns simply ceasing to be relevant in the face of the benefit and value, to both parents and child, of using sign language (NGT).

The existence of this minority outside 'The Tiered Effects Model' can be interpreted in one of two ways. On the one hand, it could be considered evidence of the fact that most families cannot respond in the way in which this minority had. In effect they are the exceptions who prove the rule.

On the other hand, this group may suggest the potential of families to respond without account/ action tensions given the right conditions. In this respect it is relevant to note again that 3 out of the 4 parents in this group had another deaf child. Thus, they had both a greater experience of deafness and of alternative approaches against which to consider their current actions.

Therefore, the question arises whether interventions could mirror in some way, the benefits these parents have derived from this additional experience. For example, should early intervention offer families a far more intensive input of sign language/ contact with Deaf culture, thus providing them with a greater depth of experience quickly?

Such questions remain speculation. Indeed the benefits of intervention provoking more of a 'Replacement Model' than a 'Tiered Effects Model' is not in any way proven. However, there would be considerable value in carrying out further research with families who seem to hold more of a 'Replacement Model' , both to establish the effects of this and to provide comparative data with families who do not.

Finally, there was no strong evidence from parents' data to support 'The Separate Effects Model' derived form the teachers in Study One. It does not appear to describe, from parents' point of view, the impact of a bingual/ bicultural intervention.

The three models with which to understand the impact on families of intervention on bilingual/ bicultural principles, have demonstrated the significance of engaging with the

assumptions about family adjustment that underpin that both support and criticism of this approach. 'The Tiered Effects Model' has provided evidence of a surprising response by parents to this approach. Whilst many of the predicted strengths and concerns engendered by a bilingual/ bicultural approach were found to be present in parents' response, their manner of dealing with these had not been envisaged.

10.3 Conclusion

Study Two set out to use a different intervention programme in a different cultural context to test out the significance and expand detail of findings from Study One. In so doing it has identified many areas for further research and for consideration in practice. These will be addressed in summary in Chapter11.

CHAPTER ELEVEN: SUMMARY AND IMPLICATIONS

11.1 Introduction

These Studies have explored the impact of bilingual/ bicultural intervention on hearing families' adjustment to their deaf child and how bilingual/ bicultural principles are applied within families in the early years. Questions of impact and application in family programmes occur because bilingual/ bicultural intervention challenges very basic assumptions about deafness and the goals of intervention. Consequently, it becomes important to consider the extent to which conventional knowledge about families' responses to a deaf child and to intervention, remain valid.

For example, the existing models of family adjustment may differ in their understanding of the process, but they have all pre-dated the new bilingual/ bicultural approach. Therefore, in hearing families now encountering services based upon that approach, it has become pertinent to ask whether these older models remain the best descriptions of families' responses.

Similarly, with regard to early intervention and language, although there may have been disagreements about appropriate method, the goal of most intervention has remained the same - the child's acquisition of the language of the family. However, bilingual/ bicultural intervention has introduced parents to far more complex questions about their child's linguistic development and cultural identity. Whilst, most parents will not frame these questions in this manner, they *will* translate the bilingual/ bicultural basis of the intervention into their own terms and act on these.

As a result of these Studies new models for understanding the impact of the bilingual/ bicultural intervention have emerged. The frameworks families use for understanding and applying its central principles have become clearer.

11.2 A Question of Impact

Fundamentally, these Studies have indicated a new framework for asking questions about the impact of a bilingual/ bicultural intervention on family adjustment. Hitherto, questions of impact had been thought about using a rather simple equation. On the one hand there were the new substantive issues a bilingual/ bicultural approach introduces and on the other there were processes thought to be facilitative of family adjustment. Thus the central concern was whether the former benefited or damaged the latter.

However, these Studies have demonstrated that to understand the impact of one on the other a far more complex kind of question is required. Namely, one that considers *how* the interaction between these two elements occurs. In this respect, three distinct models have been drawn form the data: 'The Separate Effects Model', 'The Replacement Model' and 'The Tiered Effects Model'.

Each of these models presumes a distinctly different kind of interaction. Under 'The Separate Effects Model' the interaction is characterised by attrition and modification. Under 'The Replacement Model' the interaction is characterised by substitution. Under 'The Tiered Effects Model' the interaction is one of contradictions held in tension.

Implications for Research

These models open up a level of debate that is hitherto untouched in the literature on bilingual/ bicultural early intervention and its implementation. They demonstrate that evaluation of the validity and effectiveness of a bilingual/ bicultural approach with families, requires also that one's presumptions about how a bilingual/ bicultural model acts on family adjustment be made explicit. Therefore, it is suggested that:

- research into the impact of bilingual/ bicultural intervention on family adjustment adopts a framework in which the focus of concern is the way in which the *interaction* between

the bilingual/ bicultural model of intervention and the process of family adjustment is perceived and acted upon.

- In particular, these Studies have provided three possible models as the basis for such research: 'The Separate Effects Model', 'The Replacement Model' and 'The Tiered Effects Model'. Their fit and generalisabilty across different intervention programmes, different groups of practitioners and different socio-cultural contexts is a matter for further empirical research.

11.3 Family Adjustment

The extent to which any given family is able to admit change *and* maintain/ return to a steady state is at the heart of both family adjustment and response to intervention. The majority of parents involved in these Studies demonstrated an unexpected means of doing this and one that a bilingual/ bicultural intervention seems characteristically to provoke.

Namely, parents held at one and the same time the two notions of the positive benefits a bilingual/ bicultural account of their child brought, and the practical difficulties and emotional dilemmas the account engendered. Furthermore, these were not competing impulses that parents necessarily tried to resolve. For example, it was not the case that the difficulties involved in living up to a bilingual/ bicultural approach at home caused parents to conclude that it was unrealistic. Nor was it the case that parents sought a compromise between the ideal of the model and the reality of the family. Rather, for parents, seeming contradictions and tensions between account and action simply co-existed as a condition of a bilingual/ bicultural approach.

If one were to follow parents' lead, these effects suggest that intervention services should be less concerned about 'protecting' families from the apparently destabilising demands of a bilingual/ bicultural approach and more concerned with supporting parents in their attempts to maintain *both* their positive account alongside the other influences they encounter in putting it into practice. This would involve addressing with parents the points

of contradiction and tension they routinely experience, why they do so and the consequences of these.

Just because parents seem to respond by holding together account and action does not mean that they necessarily benefit from doing so nor find it easy to do so. Tensions between different levels of experience are equally capable of giving rise to both positive and negative effects. Some parents may experience stress, feelings of inadequacy or confusion. On the other hand, for some parents competing impulses will be motivating, exciting and challenging.

Sensitivity to the heterogeneity of families and their capabilities lies not, therefore, in modifying the demands of a bilingual/ bicultural approach as might occur under 'The Separate Effects Model', for example. Rather it lies in being sensitive to the fact that families want both to support and accept the radical account a bilingual model initiates and they want to make sense of the dilemmas and difficulties it brings. Neither of these impulses cancels out the other, however families will have different capabilities to maintain such a dynamic tension.

Implications for Research

The dynamic tension between account and action ('The Tiered Effects Model'), appears to be the means through which most families work though the new adjustment experiences that a bilingual/ bicultural model initiates. As a new model of family adjustment it does not completely exclude or replace concepts that have been important in previous models (c.f. Ch. 2), however, it does transpose a new meaning on to some of these concepts.

Loss is present for families but not as in 'The Grief Model', in terms of experiencing the loss of an intact child. Rather, loss is the paradox of having found something different to which the child belongs. With regard to 'The Family Dynamics Model', homeostasis becomes defined by the holding together of apparent contradictions. In the case of 'The Continuity Model', the focus becomes the exploration of what it is to be bilingual and bicultural in the pragmatic reality of influences that are not going to

automatically modify in the wake of the intervention. 'The Stress Model' still largely applies to families, in that a bilingual/ bicultural intervention does not eradicate stress nor change the individual's personal ability to manage stress. However, there is no evidence to suggest that the stress experienced is connected with any particular demands a bilingual/ bicultural approach makes that another approach does not.

In other words, the characteristic account/action dynamic that has been identified challenges both research and intervention to accommodate the unfamiliar meanings that familiar concepts take on, within a bilingual/ bicultural framework. It is, therefore, suggested that:

- The validity of 'The Tiered Effects Model' should be further established through research with varied groups of parents within the context of different bilingual/ bicultural intervention programmes. It will be important also to consider whether the account/ action impact described is one that is sustained over time, or whether as parents gain more experience of applying a bilingual/ bicultural approach at home this dynamic is renounced. In this respect a longitudinal research design would be appropriate.

In addition, Study Two has demonstrated a very different response from some parents more akin to 'The Replacement Model'. This is a response that lies outside previously assumed models of family adjustment. There was limited evidence to suggest that it was a more likely response from parents who had another deaf child and who had experience of another approach to early intervention. It was also unclear what the relative benefits of such a response might be for a family, in comparison with those for whom account/action tensions were more normal. It is, therefore, suggested that:

- research should attempt to profile more families whose response is more akin to 'The Replacement Model' in order to ascertain common characteristics of these families, what influences their response in this manner and to compare these families with the majority who do not respond in this way.

Implications for Intervention

Although the theoretical principles underlying a bilingual/ bicultural model are becoming more clearly identified by early intervention services, there remains considerable uncertainty surrounding practice principles for the implementation of such a model. These Studies have provided some new guidelines:

- Intervention programmes should recognise the characteristic contradictions and tensions parents experience in supporting a bilingual/ bicultural approach at home.

- The programmes should not seek immediately to resolve these tension for parents. Rather, intervention should use these as the framework for working with parents through their adjustment to having a deaf child in the family and their response to the demands of a bilingual/ bicultural approach.

- To support parents to these ends, intervention should take an exploratory not prescriptive approach with parents. This exploration should occur on two levels - the emotional and the practical.

- Emotionally, parents require an opportunity to discuss the consequences they experience when tensions between account and action create rather than resolve personal dilemmas. (Parents' feelings of the otherness of their child at the same time as supporting their child's access to Deaf culture would be an example of this area.)

- Practically, parents require ideas and suggestions for marrying their bilingual/ bicultural approach with the competing influences they encounter in the family. For example, intervention could focus very specifically with parents on how they want to manage communication when hearing siblings are present, what happens at meal times, how does the family enjoy playing a game together?

- The primary emphasis should be on the on the context specific and situation specific experiences of parents in attempting to follow through a bilingual/ bicultural approach at home.

In these ways, intervention can build on the fundamental step parents have already taken. Namely: accepting and recognising their child's needs in a bilingual/ bicultural framework does not provide a blueprint for meeting those needs *in* the family.

11.4 Sign Language

These two Studies have demonstrated that there is no easy distinction to be drawn between simultaneous communication and sign language when assessing parents in the early years in bilingual/ bicultural programmes. In this respect, there are three central considerations: the extent to which simultaneous communication is continuous or discontinuous with sign language ('The Discontinuous Model'); the extent to which simultaneous communication is a stage on the way to parents meeting their aim of sign language ('The Evolutionary Model'); the extent to which it is possible to make differentiations about the quality of parents' simultaneous communication ('The Micro Features Model').

These models have been shown to underlie radically different assessments by practitioners of the quality of parents signing and parents' success within a bilingual programme. The differing emphases of the models are also clearly present in parents' own perceptions of their communication if following a bilingual approach. From the parents' point of view the problem is that they cannot easily renounce their role as language models for their children and accept instead that of primary communicator. Consequently, highly complex relationships exist for parents between their simultaneous communication and their expectations of their child's development of sign language.

These complex relationships are the means through which parents gradually come to terms with a fundamental dislocation a bilingual model initiates: the changed relationship between being a parent, communicating with the child and the child developing language.

Different patterns in this process can be plotted and there is some evidence to suggest that over time these patterns will change. These Studies suggest that most parents will renounce an evolutionary view of their simultaneous communication. It will be replaced instead by one that acknowledges a discontinuity between their simultaneous communication and sign language, but is not undiscriminating about its quality.

Indeed there is some evidence to suggest that, from a linguistic point of view, some parents' simultaneous communication may be of a quality that is different from the simultaneous communication of parents outside a bilingual programme.

Implications for Research

These findings indicate that research into parents' signing, if parents are involved in a bilingual programme, has to take a rather paradoxical approach. Namely, although parents and professionals alike maintain a distinction between simultaneous communication and sign language, to ask whether parents' signing conforms with sign language or with simultaneous communication does not result in an appropriate assessment of its significance nor its quality. Therefore, with regard to future research these findings suggest:

- There is a need for a comparative study, on linguistic principles, of the simultaneous communication of parents in bilingual programmes with that of parents in TC/MCE programmes. In this way it will become possible to identify more concretely the impact of a bilingual/ bicultural approach on parents' signed communication and develop criteria for the assessment of its quality and saliency for the deaf child.

- These Studies have provided three models for assessing parents' simultaneous communication: 'The Discontinuous Model', 'The Evolutionary Model' and 'The Micro Features Model'. The extent to which they inform the perceptions and actions of other groups of parents and of practitioners requires further empirical research.

- Future studies of the perceived relationship between parents' signed communication at home and their expectations of their child's bilingual language use would benefit from a longitudinal design. In this way, transition points in parents' attitudes and the influences on these can be identified.

Implications for Intervention

Given the complex significance for parents of simultaneous communication, they require a subtle and rather paradoxical form of guidance.

- Parents' simultaneous communication should not be dismissed as not sign language. However, they should also be enabled to come to a clear understanding of the differences between simultaneous communication and the sign language their child is likely to use with deaf people.

- Parents should be encouraged to enrich their simultaneous communication with features of the visual grammar of sign language, such as those described by the Deaf Consultants in Study One.

- Programmes should be particularly sensitised to the significance of the complex relationship that exist for parents between their simultaneous communication and sign languages. Addressing this complexity could be used as the basis for assisting parents in coming to terms with the changed relationship between parenting, communicating and the child's development of language.

11.5 Culture/ Biculture

These Studies have demonstrated the existence of two separate issues in connection with parents' deaf cultural contact: access to/ knowledge of Deaf culture; making this knowledge relevant and meaningful to the family. The latter is closely associated with those families who are attempting to grasp what it is for their family to be bicultural rather than what is Deaf culture. However, it is unclear the extent to which the first issue of access/ knowledge naturally progresses to the second order consideration for families.

Implications for Research

Research into biculturalism, rather than bilingualism with regard to hearing families with deaf children, is extremely limited. Biculturalism in the family is a concept about which it has been hard to grasp anything concrete. Consequently, investigations into the range of experiences hearing families have of deaf people and the Deaf community have tended to stand in for research into biculturalism in a hearing family. By contrast, these studies have provided one angle on biculturalism that can be operationalised within research - namely the differentiation between access/ knowledge and the process of making relevant. Building on this distinction, it is, therefore, suggested that:

- longitudinal research is required to establish whether these two issues of knowledge and relevance do constitute a progression families make over time; and to identify the changes parents perceive they undergo over time as a result of deaf cultural contact.

Implications for intervention

These two stages (knowledge and relevance) set a focus for intervention. Namely, parents require not just contact with Deaf culture, but also the opportunity for reflection and exploration of the changes in attitudes and behaviours a growing sense of the families' biculturalism provokes. The impulse to make sense of Deaf culture for a family in their

own terms, is as important as the impulse to know about/ recognise Deaf culture. Therefore,

- Families require experiences not just of Deaf culture but of deaf and hearing people's biculturalism. This could be achieved in two ways.

- Firstly, parents can be given opportunities to meet and discuss personal experiences of biculturalism with a broad range of bicultural groups, for example: adult hearing children of deaf parents; deaf parents of hearing children; families who do not have a deaf child but where there is a cross - cultural marriage; parents who have adopted a child of a different cultural background from their own. Contact and discussion with such groups will help to make biculturalism more concrete and more alive for parents. It will assist parents in grasping the bicultural identity of their own deaf child and the how that may initiate changes for the family's own attitudes and behaviours.

- Secondly, intervention programmes can ensure that they present a strong model of bilingual and bicultural working practice. *Namely models in which deaf practitioners* are not always seen to be working in separation from hearing colleagues and in which cultural differences in perspective are shared openly with parents and areas of similarity are also acknowledged.

11.6 Deaf and Hearing Co-operative Working Practice

Implications for Research and Intervention

Deaf and hearing co-operative working practices within bilingual/ bicultural intervention are at an early stage of evolution. Cultural differences in perspective, approach and priority are acknowledged at a very basic level. There is to date little concern to understand in depth the effects of these differences on the users of a bilingual/ bicultural service and on

the structure of that service. However, these Studies have demonstrated the penetration of professional and cultural differences into most of the key issues involved in the application of a bilingual/ bicultural intervention. It is, therefore, suggested that:

- intervention services develop a means through which it becomes possible for deaf and hearing colleagues to examine the implicit assumptions that underlie their working practice with each other and with families. An action research approach (Sec 8.8) would be one such means. Such a design would fulfil a research function in further developing current knowledge about the mechanisms that may sustain cultural differences within deaf/ hearing working practice. It would also provide a means where by practitioners themselves in any given programme can examine these and negotiate change.

11.7 Implications In Action

It has been a criticism of research that draws implications for intervention such as these, that it often fails to consider the next stage in the process (Argyris, Putnam and McLain Smith 1985) - namely the realisation of the implications in the structure of any given programme. Although, for example, one may suggest a focus on account/ action tensions, how this actually translates into practice is a further consideration that should be addressed in drawing implications for intervention.

Therefore, as a second stage in clarifying implications for intervention, a small pilot intervention was set up to provide an example of the translation of these implications into practice. The researcher established, with the assistance of two deaf colleagues, a series of 'bilingual/ bicultural family workshops'. These workshops were based on the implications drawn from the two Studies.

In order to establish suitable conditions for an exploratory and discursive approach, the structure of a *closed group* was chosen. Namely, the same group of parents would work with each other over all sessions. In this way it was hoped both security and trust would be

built up between parents, thus allowing for a deeper level of discussion as the sessions progressed. This proved to be the case.

In order to provide a good model of bilingual/ bicultural working practice, there were three group leaders: one who was deaf from a deaf family, who was bilingual in BSL and written English; one who was deaf from a hearing family and who was bilingual in spoken English, written English and BSL; and the researcher who is hearing from a hearing family and bilingual in spoken/written English and BSL. These three group leaders spent considerable time themselves discussing and contrasting their own attitudes, perspectives and experiences in the planning of the workshops. Many of the differences in points of view were shared openly with parents and became themselves a source of discussion. Both BSL and spoken/ written English were used throughout the workshops.

Six workshops took place, once a month, each lasting three hours. Whilst parents worked as group, their hearing and deaf children played together in a bilingual crèche run by both deaf and hearing workers. The topics of the workshops were: General introduction to bilingualism in the context of the family; Sign Supported English and BSL; Siblings and grandparents; Using BSL in real life situations in the home; Deaf culture; Helping your child learn to read. The format consisted of a mixture of: large discussion groups, small activity groups and focused BSL instruction related to the topic of the day.

Parents were highly positive in their response to these workshops. Their comments are illuminating in reinforcing the saliency of the implications derived from the two research Studies, both with regard to what they enjoyed and with regard to what they felt was not done well! For example:

> We found these workshops to be excellent and extremely helpful. Just to be able to share ideas, concerns and issues with like minded people (common culture?) was a great experience...We are very grateful for these workshops and would jump at the chance of anything in the future.

[..what worked well for you?] Overall, the sharing of experiences with other families, together with helpful input from friendly and competent experts.

The BSL lessons were not so important...The topics and discussion were far more valuable

[...what did not work well for you?] The difficulty of separating the sign language for story telling against that need in order to help the deaf child better appreciate English as a written form

[How do you think the series of workshops could be improved?] More parent discussion groups based on subjects more relevant to home situations...More about how to use BSL/ how to change from signed English...

Clearly there is room for improvement in the development of workshops such as these. They are also only one example of how the findings from the two research Studies could begin to influence practice. However, the relevance to families of this approach has clearly emerged as a direction for future bilingual/ bicultural early intervention programmes concerned with addressing issues in family adjustment.

11.8 Concluding Remarks

It has been pointed out that "researchers continue to solve their problems without taking into account what practitioners require to solve theirs", at the same time practitioners are left with the problem of "how to understand and act in real-life contexts amid all the complexity and multiples dilemmas of value they pose" (Argyris et al 1985, p.191). However, this research project has used the messy, difficult and confusing real life context in which practitioners work and families live, to ground its investigation. It has been guided by the contradictory frames of reference of parents and practitioners, deaf and hearing.

Consequently, new conditions have been established for reflection on the impact of a bilingual/ bicultural intervention on families in the early years of adjustment. These conditions are informed by the uncovering of competing models with which to understand

this interaction. The influence of these models on both variations in the delivery of the intervention and its reception by families have been demonstrated.

Awareness has been raised not just of cultural differences between deaf and hearing practitioners but also of the dynamics that sustain these. These insights offer the opportunity for closer consideration of the aims and expectations of bilingual/ bicultural interventions in practice, they offer a resource for the development of deaf and hearing people's co-operative working practice and the possibility for establishing new criteria for the assessment of families' achievements.

Families emerge as pragmatic and practical managers of the tensions and contradictions the bilingual/ bicultural model generates for them. It is within these that families learn to understand the world of their deaf child and in acknowledgement of them that families act.

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FAMILY ADJUSTMENT TO A DEAF CHILD IN A BILINGUAL BICULTURAL FRAMEWORK

ALYS YOUNG

Volume Two

A dissertation submitted to the University of Bristol in accordance with the requirements for the degree of Doctor of Philosophy.

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APPENDIX ONE

Interview Schedules, Study One
Parents
Teachers
Deaf Consultants

PARENTS INTERVIEW

SECTION ONE: FAMILY DETAILS

(1) Who is in the family ? (Mother/ Father/ Brothers & Sisters; d.o.b.?)

(2) Do you have any other children who do not live with you ?

(3) Are there any other members of your family who currently live with you?(How long have they been in the household?)

(4) How long have you been married/in this relationship ?

(5) When was your deaf child born ?

(6) When was s/he diagnosed?

(7) How would you describe your child's hearing loss?

(Mild/Moderate; Severe; Profound;)

(8) Father's current employment? (Has this changed since the birth of the deaf child ? How?/Why?)

(9) Mother's current employment? (Has this changed since the birth of the deaf child ? How?/Why?)

(10) What is your current family income ?

(up to £5000 p.a./ £5000 to £10000 p.a./ £10000 to £15000 p.a./ £15000 to £25000 p.a./ over £25000 p.a.)

(11) Do you think you will be in the same job in 2 years time? (If not, what influences the change?)

(12) How would you describe your ethnic background? (e.g. white European; Afro-Caribbean;...)

(13) What is the main language used at home?

(14) Can you tell me a little about your educational background? (When left school; qualifications...) CSE/GCSE/O Level; A Level; Higher Ed; Professional/Training

SECTION TWO: DIAGNOSIS

(1) Some parents say they were suspicious that something 'was wrong' with their child before s/he was officially diagnosed. Was this your experience?

(2) When did your suspicions start?

(3) What made you suspicious?

(4) Can you describe your feelings at the time?

(5) Do you think your relationship with other members of your family changed at this time?

(6) What steps did you take to investigate your suspicions?

(7) How long was it before your suspicions were confirmed?

(8) How were you officially told about your child's deafness?

(9) Can you describe to me your feelings when you knew for certain that your child was deaf?

(10) What most concerned you immediately after the diagnosis?

(11) What most concerned you about your family immediately after the diagnosis?

(12) Some parents describe themselves as going through a period of grief or mourning. Is this your experience?

(13) Some parents say that their initial feelings following diagnosis go away, but then they come back unexpectedly from time to time. Can you describe to me whether this has been your experience?

(15) Do you think in these early stages there was anything about knowing you had a deaf child, rather than a child with any other kind of disability, that affected your reaction?

The following are all ways in which parents have described the period leading up to diagnosis and afterwards Please rate each statement on a scale of 1 to 5 for each period of time.

1 = not true for me at that time; 5 = very true for me at that time

	Before Diagnosis	**At diagnosis and immediately afterwards**	**Later on**
Sad	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Hopeful	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Guilty	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Tense	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Shocked	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Turned in on myself	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Family united	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Closer to partner	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Problems in family worse	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Harder to talk to partner	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Spent time away	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Needed advice	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Concern for child s care	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Wanting professionals	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Wanting information	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

cont

	Before diagnosis	At diagnosis and immediately afterwards	Later on
Accepting	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Challenged	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Hyper-active	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Worried	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Privileged	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Couldn't believe it	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Depressed	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Problems sleeping	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Angry	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Contented	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Concerned for future	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Peaceful	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

SECTION THREE: STRESS

(1) Often parents say that bringing up a deaf child can be a stressful experience. The following items have been mentioned. From your experience, how stressful have you found them?

1 = not at all stressful ; 5 = very stressful

Making trips to the hospital	1	2	3	4	5
Getting the child's attention	1	2	3	4	5
Having lots of people involved	1	2	3	4	5
Making the child wear hearing aids	1	2	3	4	5
Having to discipline the child	1	2	3	4	5
Keeping the child out of danger	1	2	3	4	5
Visits by/to people working with child	1	2	3	4	5
Taking in lots of new information	1	2	3	4	5
Explaining things to the child	1	2	3	4	5
Getting the child to go to sleep	1	2	3	4	5
Facing the child when communicating	1	2	3	4	5
Finding extra time for the child	1	2	3	4	5
Trying to understand what the child wants	1	2	3	4	5

(2) Has the presence of a deaf child made economic demands on your family? (Prompts: time off work? Extra costs?...)

(3) In what way do you think the family is organised around the needs of the deaf child?

(4) In what ways would you say your relationship with your other children has changed since having a deaf child? (Expand on how much is directly related to the demands of the deaf child and how much is not...)

(5) In what ways would you say your relationship with your spouse/partner has changed since having a deaf child?

(6) Generally, do you think there is anything you would think twice about doing now that you have a deaf child?

(7) Since having a deaf child in your family how frequently do you do the following *in comparison with before:*

	A lot less	**Less**	**About the same**	**More**	**A lot more**
You watch TV					
You go out for the evening with your partner					
You go out alone					
You spend time on your favourite hobby					
You have a break from looking after the children					
You spend time with your friends					
You play with your other children					
Family and friends come to visit you					
You all go away as a family					
You have time to relax					
Your partner looks after the children					
You spend time at work					

SECTION FOUR: INTERVENTION

(1) As a result of your child's deafness you may have come into contact with some of the following people. If so, (i) when and (ii) how much contact have you had?

Health visitor

G.P.

Educational psychologist

Social worker

The Doctor at the hospital

Teacher of the deaf

Audiologist

Deaf Person at Home

Anyone else?

(2) Do you find these people helpful?

1 = not really helpful; 5 = very helpful

Health Visitor	1	2	3	4	5
G.P	1	2	3	4	5
Educational Psychologist	1	2	3	4	5
Social Worker	1	2	3	4	5
Doctor at hospital	1	2	3	4	5
Teacher of the deaf	1	2	3	4	5
Audiologist	1	2	3	4	5
Deaf Visitor	1	2	3	4	5
Anyone Else Specified	1	2	3	4	5

(3) Why do you think you find some more helpful than others?

(4) Is there any kind of help you are not receiving at the moment that you wish you had?

(5) Is there any kind of help you are receiving at the moment that you would prefer not to have?

(6) [separate sheet]

(7) Some parents say that their deaf child receives a lot of attention, but the parent who needs some too, does not receive enough help. What has your experience been?

(8) Some parents say that the professionals involved with their deaf child don't usually think about the whole family in which the child lives. What has you experience been?

(9) Is there anything else you would like to say about the professional help you have received?

(6) Parents with deaf children often have a great many people involved in their lives offering professional help and guidance. However, so much attention can leave parents with mixed feelings. How are you left feeling?

1 = very true of me 5 = not true of me

Encouraged	1	2	3	4	5
My questions are answered	1	2	3	4	5
Under pressure	1	2	3	5	5
Confused	1	2	3	4	5
Ignorant	1	2	3	4	5
Supported	1	2	3	4	5
Pleased so many are involved	1	2	3	4	5
Unconfident	1	2	3	4	5
I don't have the skills needed	1	2	3	4	5
Less anxious	1	2	3	4	5
Reassured	1	2	3	4	5
My child is out of my control	1	2	3	4	5
Frustrated	1	2	3	4	5
Better able to deal with my child	1	2	3	4	5

SECTION FIVE: DEAFNESS/DISABILITY EXPERIENCE

(1) Do you have a disability? (Details)

(2) Do you have a hearing loss? (Details)

(3) Before you had a deaf child, had you come into contact with people with a disability before? (Prompts: in extended family, at work, when you were growing up, when you were at school, memorable chance meetings)

(4) What struck you?/ What do you remember thinking about them?

(5) Had you ever come into contact with anyone with a hearing loss? (Prompts: where, when, how, what kind of loss)

(6) What struck you?/ What do you remember thinking about them?

(7) Generally speaking, what do you think society's attitude is to deaf children?

(8) Generally speaking what do you think society's attitude is towards deaf adults who use sign language?

(9) Parents often say that people have made all kinds of comments to them when they have see them with their deaf child, not all of these comments are pleasant or helpful. Can you describe any such experiences you've had and how you felt?

(10) When you talk about your family, do you explain that you have a deaf child? (Describe how)

(11) Do you have any concerns about your deaf child's future?

(12) What are your ambitions for your deaf child?

(13) [separate sheet]

(14a) Can you tell me what you understand by the term "deaf culture"?

(14b) Where did you hear it/from whom?

(15a) Can you tell me what you understand by the term "deaf community"?

(15b) Where did you hear it/from whom?

(16) Some parents say they take to using sign language quite easily, others say they find it more difficult because of the sort of person they are. How about you? (Explain)

(17) What do you find easy about using sign language with your child?

(18) What do you find difficult about using sign language with your child?

(19) [separate sheet]

(20) When would you use your voice with your child? (Prompt Do you speak and sign at the same time? Describe it to me .)

(21) How useful do you think it is for your child to wear hearing aids at the moment?

(22) Are there any problems in getting your child to wear them?

(13) Since you learned that your child was deaf, have you:

1 = none 5 = a lot

	1	2	3	4	5
Read books/articles about deafness					
Attended NDCS meetings	1	2	3	4	5
Met any other deaf children	1	2	3	4	5
Met any deaf adults	1	2	3	4	5
Watched TV/listened to radio programmes about deafness	1	2	3	4	5
Attended conferences/workshops about deafness	1	2	3	4	5
Visited the deaf club	1	2	3	4	5

(19) The following are all places where you might have to sign with your child. How easy do you think it will be to do so in these different settings?

1 = very easy 5 = very difficult

	1	2	3	4	5
At home					
In the street	1	2	3	4	5
At playgroup/nursery	1	2	3	4	5
At a friend's house	1	2	3	4	5
At a relative's house	1	2	3	4	5
On a bus/train	1	2	3	4	5
In a shop	1	2	3	4	5

SECTION SIX: THE DEAF CHILDREN AT HOME PROJECT

(1) Who first suggested that you might want to be involved in the Deaf Children at Home Project ?

(2) Why do you think it was suggested to your particular family ?

(3) What were you told about the project?

(4) What was your first reaction ?

(5) Why did you agree to take part?

(6) Did you/do you have any reservations about being involved in the project? (Specify)

(7) Generally speaking, what do you think the aims of the project are?

(8) What do you hope your child will get out of the project?

(9) What do you hope to get out of the project?

(10) What do you hope your family as a whole will get out of the project?

(11) How would you judge whether for your family, the project had been a success? (Prompt the idea of 'measures' of success/personal goals)

(12) Is there anything else you would like to say about the project?

TEACHERS INTERVIEW(Part One)

The following questions are mainly about your involvement with and opinion of the Deaf Children at Home Project. Your knowledge about it may be limited, but even this fact is relevant. You are invited to give your personal opinion - you are not representing the Education Authority. Your answers are confidential. At a later date some general conclusions drawn from all of the interviews may be shared with those involved with the Deaf Children at Home Project, however, individual respondents will never be identified. Please answer as frankly as possible. Do you have any questions before we begin?

(1) Name

(2) Date of birth

(3) Sex

(4) Do you have a hearing loss?

(5) Are any of your close family deaf?

(6) Do you have any friends who are deaf and with whom you socialise?

(7) Could you explain to me your job title and job description?

(8) How long have you held your post?

(9) How long have you worked with deaf children/ people? (Details)

(10) What is your current workload?

(11) Broadly speaking, how would you describe your aims in working with hearing families and deaf children?

(12) Broadly speaking, how would you describe your values with regard to the education of deaf children?

(13) How do you personally judge the effectiveness of your work with families?

[(14), (15) - see end]

(16) Can you describe to me what you understand by the term "Deaf Culture"?

(17) Can you describe to me what you understand by the term "Deaf Community"?

(18) From your own experience of hearing families coming to terms with having a deaf child, what would you say are the significant features in the process?

(19) People often talk of families as having made a 'good adjustment' or a 'poor adjustment' to bringing up a deaf child. What would say 'adjustment' was?

(20) From your own experience, what factors would you say were predictive of a good outcome for a hearing family with a deaf child?

(21) From your own experience, what factors would you say were predictive of a poor outcome for a hearing family with a deaf child?

Turning now to the Deaf Children at Home Project:

(22) What in your opinion are the aims of the project?

(23) What features of characteristics of families indicate that they are appropriate referrals to the Project?

(24) On average, what proportion of the families on your caseload are likely to be involved in the Project?

(25) What would indicate that a family was not suited to being involved in the Project?

(26) Can you describe to me how your continued work with a family would fit in with the work a Deaf Consultant would be doing with the same family?

(27) Approximately how many families have you co-worked with a Deaf Consultant?

(28) Are there aspects of the project that have given you cause for concern?

(29) Is there anything else you would like to see the Project doing that it is not at the moment?

(30) Is there anything that you would prefer the Project not to do that it is at the moment?

Teachers of the deaf and Deaf Consultants come from different backgrounds and have varied life experiences and training, however they are now working together. Bearing this in mind:

(31) In what aspects of your work with families are differences or similarities in point of view most striking?

(32) Do you think that teachers of the deaf and Deaf Consultants have differing of similar priorities in working with hearing families with deaf children?

(33) To what extent do you think teachers of the deaf and Deaf Consultants concentrate on the same issues with families or is the focus different?

(34) Do you think that there are any areas of conflict, actual or potential, in teachers of the deaf and Deaf Consultants working with the same families?

(35) On a personal level, as a result of your contact with deaf adults in this context, have you found:

(a) that your attitude towards deafness has changed in any way?
(b) that your approach to your work with deaf children and families has altered?
(c) That your view of a deaf child's developmental needs has modified?
(d) that your understanding of a family's needs has changed?

(36) Would you like to say anything else about your work or the Deaf Children at Home Project?

(14) Given that, you work with a broad range of preschool deaf children and their families, how frequently do you estimate you would use the following means of communication with deaf children?

1 = very often; 5 = very infrequently

Oral/ speech encouraging skills	1	2	3	4	5
British Sign Language	1	2	3	4	5
Signed English	1	2	3	4	5
Gesture/mime/pantomime	1	2	3	4	5
Fingerspelling	1	2	3	4	5
Any other sign system (specify)	1	2	3	4	5

(15) How would you rate your proficiency in these means of communication?

Oral/ speech encouraging skills	1	2	3	4	5
British Sign Language	1	2	3	4	5
Signed English	1	2	3	4	5
Gesture/mime/pantomime	1	2	3	4	5
Fingerspelling	1	2	3	4	5
Any other sign system (specify)	1	2	3	4	5

Thank you for your co-operation.

TEACHERS INTERVIEW (Part Two)

The following questions are about British Sign Language [BSL] and families who sign with their deaf child. They are not specifically about the Deaf Children at Home Project. If you do not feel you can answer any of the following, please tell me.

(1) Can you explain to me what you understand by the term "British Sign Language"[BSL]?

[For the following questions please indicate which statement (a,b,c,or d) most represents your point of view. - Circle the letter of your choice.]

(2) Do you, therefore, think that BSL is:

(a) a complex mix of gestures and mime

(b) basically English, but you use signs instead of words

(c) a series of signs that do not follow English word order, but are not a language because they do not have a standard grammar

(d) a language with its own grammar and word order

(3) Do you think that BSL is :

(a) a new language

(b) an old language that has only recently been revived

(c) a language that has been in constant use

(d) a language that is in fashion at the moment but will die out in the future

(4) How much is it possible to express in BSL?

(a) Anything and everything you want to

(b) You can only give a rough approximation in BSL of what you want to express

(c) BSL is very good for expressing some kinds of things (e.g. descriptions) but not so good for others (e.g. abstract ideas)

(d) BSL is a very limited language

Turning now to hearing families with a deaf child and who are given support to use British Sign Language if they wish:

(5) On a day to day basis, how do you think BSL should be used?

(a) As the main means of communicating with the child

(b) As a way of clarifying speech

(c) As one of a mixture of ways of communicating

(d) As a last resort

(6) When would it be appropriate for the child and family to learn British Sign Language?

(a) At first, but then gradually let it drop as the child learns to speak

(b) Not at first, but later when the child goes to school and starts learning some signs there

(c) It is not really up to the family to learn sign language. If the child wants to sign when s/he grows up, then it is his/her choice

(d) At first and throughout the child's life

(7) How *important is it for these members of the family to learn BSL?*

1 = very important 5 = not really important

Mother	1	2	3	4	5
Father	1	2	3	4	5
Brothers/sisters	1	2	3	4	5
Grandparents	1	2	3	4	5
Other extended family	1	2	3	4	5
Anyone else (specify)	1	2	3	4	5

(8) On a day to day basis, with a preschool age deaf child, how appropriate do you think it would be for hearing parents to use BSL in the following situations?

1 = very appropriate 5 = not really appropriate

When playing with the child	1	2	3	4	5
When telling a story to the child	1	2	3	4	5
When explaining something to the child	1	2	3	4	5
When teaching the child	1	2	3	4	5
When the child is with other deaf children	1	2	3	4	5
When the child is with hearing children	1	2	3	4	5
When out shopping	1	2	3	4	5
With extended family	1	2	3	4	5

(9) The following are all common problems parents experience in bringing up a deaf child. How much do you think the use of BSL between parent and child could improve them?

1 = a lot 5 = not at all

The child learning to concentrate	1	2	3	4	5
Getting the child's attention	1	2	3	4	5
The child having tantrums	1	2	3	4	5
Difficult bedtimes	1	2	3	4	5
The child having accidents	1	2	3	4	5
Disciplining the child	1	2	3	4	5
Disruptive meal times	1	2	3	4	5

(10) People have different opinions about the relationship between a deaf child learning BSL and learning to speak. Do you think:

(a) learning BSL can prevent a child learning to speak

(b) learning BSL can delay a child's acquisition of speech

(c) learning BSL can help a child to learn to speak

(d) learning BSL and learning to speak are not related

(11) People have different opinions about the relationship between a child learning BSL and a child learning written English. Do you think :

(a) learning BSL can confuse a child when s/he comes to learn English

(b) learning BSL can help a child to learn English

(c) learning BSL can prevent a child learning English

(d) there is no connection between learning English and learning BSL

(12)Is there anything in particular you would like to say about BSL or its use with hearing families of deaf children?

Thank you.

DEAF CONSULTANTS INTERVIEW

The following questions are about you and your involvement in the Deaf Children at Home project. Some of them will ask you to think about your own personal experiences in your own families, others are more interested in the details of your work visiting families at home. In all of them, I am interested in your personal point of view. You are not representing the project, you are only answering from your own experience. There are no right or wrong answers, only differences of opinion. Some of the information I collect from you and other Deaf Consultants may be shared with those planning and running the project, however, you will never be personally identified as the source of the information.

(1) Name

(2) Date of Birth

(3) Marital status

(4) Is your husband hearing or deaf? (as appropriate)

(5) Do you have any children? (Hearing? Deaf? How old?)

(6) [See separate sheet]

(7) Were your own parents/people who brought you up, deaf or hearing?

(8) Are your brothers or sisters deaf or hearing?

(9) How did your family communicate with you at home as you were growing up?

(10) Do you think this *was good enough communication?*

(11) How do you think your experience of communication at home when you were growing up influences the work you do now in the Deaf Children at Home Project?

(12) What means of communication was used when you were at school?

(a) By the teacher?

(b) By other pupils?

(13) Were you happy about this kind of communication or were there problems?

(14) How do you think your experience of communication at school influences the work you now do with the Deaf Children at Home Project?

(15) Can you explain to me what you understand by the term "deaf culture"?

(16) Can you explain to me what you understand by the term "deaf community"?

(17) How did you get involved in the Deaf Children at home project?

(18) How long have you been doing the job?

(19) Why did you decide you wanted to be involved?

(20) How many families have you worked with at home?

(21) Have you had any training? (details...)

(22) Do you have any other jobs working with children?

(23) Did you have any worries/reservations about joining the Deaf Children at Home Project?

(24) Generally speaking what do you think the aims of the project are?

(25) The following questions ask you to make a general assessment of any improvements or changes you may have noticed in families you have been working with at home. Although the requirement is for you to think generally, please do not do so at the expense of any significant variations you may have noticed. So, in thinking back over the families you have worked with, what impact has there been on :

(a) deaf children's communication skills

(b) deaf children's behaviour

(c) the relationship between mother and child

(d) the relationship between father/other carer and child

(e) parents' attitudes to themselves as parents

(f) parents' attitude towards deafness

(g) the families as a whole

(h) the relationship between the parents and the teachers of the deaf

(26) Do you think some parents accept the deaf child easier than others? (give examples...)

(27) Why do you think this is the case?

Teachers of the deaf and deaf consultants come from very different backgrounds and cultures and have varied life experiences and training. They now work with the same families. Bearing this in mind :

(28) In what aspects of your work with families are differences or similarities in point of view most striking?

(29) Do you think that teachers of the deaf and deaf consultants have differing or similar priorities in working with hearing families with a deaf child?

(30) To what extent do you think teachers of the deaf and deaf consultants concentrate on the same issues with families or is the focus different?

(31) Do you think there are any areas of conflict, actual or potential, in teachers of the deaf and deaf consultants working with the same families?

(32) Would you like to say anything else about the Deaf Children at home Project and your work with it?

(6) What kind of communication would you generally use with the following people in the following situations?

1 = BSL/Natural signing

2 = Signing, but with English involved (no voice)

3 = Sign with speech at the same time

4 = Speech

5 = Write things down

With your deaf children	1	2	3	4	5
With your hearing children	1	2	3	4	5
With your spouse/partner	1	2	3	4	5
With your children's teachers	1	2	3	4	5
Out shopping	1	2	3	4	5
On public transport	1	2	3	4	5
When a stranger comes to the door	1	2	3	4	5
If you gave a talk to deaf and hearing	1	2	3	4	5
If you gave a talk to hearing only	1	2	3	4	5
At the deaf club	1	2	3	4	5
At a party with deaf and hearing	1	2	3	4	5

Thank you.

APPENDIX TWO

Ethnographic Coding Categories, Study 1
Parents
Teachers
Deaf Consultants

Parents' Coding Categories for Ethnograph (Study One)

[PREDIAG]	Period prior to diagnosis
[DIAGCIRC]	Circumstances of diagnosis
[DIAGREAC]	First reactions to diagnosis
[FAMREL]	Family relationships post diagnosis
[FATH]	Fathers
[SIBS]	Siblings
[EXFAM]	Extended Family
[DENIAL]	Denial/non acceptance of deafness
[CHSAME]	Child is no different from other children
[CHDIFF]	How the child is different form other children
[PARBEH]	Different parenting behaviours because the child is deaf
[CHBEH]	Different child behaviours because the child is deaf
[GRIEF]	Grief/Mourning/Sadness
[STRESS]	Stress
[COST]	Costs (finance/time/employment/social life)
[CHFUT]	Concerns about the child's future
[CHOPE]	Hopes/ambitions for the child
[INTERVEN]	Reactions to intervention (services):
[TEACH]	Teachers
[SW]	Social workers
[EDP]	Educational Psychologists
[GP]	G.P.s
[DOC]	Hospital Doctors
[AUD]	Audiologists

Deaf Consultants:

[DCPOS]	Positive reactions
[DCNEG]	Negative reactions (including worries/concerns)
[BENWHAT]	Estimation of benefits (what)
[BENWHO]	Who benefits
[HOME]	Home based
[WHOPRES]	Who is present
[DCPAR]	Parent/Deaf Consultant comparisons
[DCOMM]	Deaf Consultants' communication during visits

Signing:

[SIGNVAL]	Perceived value/positive importance
[SIGNEG]	Negative reactions
[SDIFF]	Difficulties experienced
[SEMB]	Embarrassment (or not)
[SEASE]	Easy or difficult, estimation
[FUTCOMM]	Hopes for the child's future communication
[COMMNOW]	Examples of the child's communication now
[VOICE]	Parent use of voice with the child
[SIMCOM]	Parent use of voice and sign combinations
[WHOLEARN]	Who is learning to sign
[ORG]	Organisation of languages at home
[FLU]	Comments on proficiency/fluency in Sign language
[DCULT]	Deaf Culture/Deaf Community
[HAIDS]	Hearing Aids
[COCH]	Cochlear implants
[PREDEAF]	Prior contact with deafness
[OTHERS]	Comments on others' reaction to deafness/deaf child

Teacher Coding Categories for Ethnograph (Study One)

[JOBDEF]	Job description
[BIOG]	Personal background and experience
[CONTIN]	Relationship with the child
[CONFID]	Confidence
[COMF]	Comfort
[CHPERSP]	Perspectives on the child and the child and deafness
[TERMS]	Coming to terms
[GRIEF]	Grief and mourning
[PARTIC]	Individuality of families and children
[FOCUS]	Who's the focus of the intervention
[FATH]	Fathers
[SIBS]	Siblings
[ANYCOM]	Non specific communication
[CHOICE]	Child's communication choice
[POSDEAF]	Positive deafness
[DCS]	Deaf Consultants
[INTERVEN]	Intervention generally
[HOME]	Deaf people in the home
[BLOCK]	Block one
[DCULT]	Deaf culture
[DCOMM]	Deaf community
[BRIEF]	Teachers have a wider brief

[LIAS]	Liaison between teachers and deaf consultants
[IDEAL]	Ideal and reality
[SPEECH]	Place of speech and voice
[BSL]	British Sign Language
[MIX]	Use of mixed sign/speech communication
[HAIDS]	Hearing aids

Deaf Consultant Coding Categories for Ethnograph (Study One)

Deaf Consultant's birth family, home communication:

[DCFAMSIGN] in sign

[DCFAMVOI] in voice

[DCFAMWD] written down

[DCFAMPOS] general positive assessment comments

[DCFAMNEG] general negative assessment comments

Deaf Consultant's birth family:

[DCFAMFATH] re fathers

[DCFAMMOTH] re mothers

[DCFAMSIB] re siblings

Deaf Consultant's school history:

[DCSCLVOI] re speech/voice

[DCSCLSIGN] re sign

[DCSCLPOS] general positive assessment comments

[DCSCLNEG] general negative assessment comments

Speech/talking:

[SPEECHPOS] positive value comments

[SPEECHNEG] negative value comments

[WRITING] Writing things down

Sign Language/BSL:

[BSLPOS] positive value comments

[BSLNEG] negative value comments

[PARCONFID] Parent Confidence

[INTERVCOM] Deaf Consultant's communication with the family during intervention

[AIMS] Aims of intervention (when explicitly stated)

[PARPOSASS] Positive assessment of parents in the programme (Criteria/indicators)

[PARNEGASS] Negative assessment of parents in the programme (criteria/indicators)

[INTERVSIBS] References to sibling involvement

[INTERVEXFA] References to extended family involvement

Fathers
[FATHFREQ] How much present

[FATHIMP] Importance

[FATHWHY] Reasons offered for non involvement

[PARSPEAK] References to parents use of speech in communication with deaf child

[PREVERB] References to preverbal behaviours - parent and child

Family adjustment

[ADJEMOT] re emotional reaction/attitude

[ADJBEH] re behavioural changes

[ADJBSL] re the interaction with BSL/signing

[CHILDCHILD] The child as a child

[DEAFCHILD] The child as a deaf child

[PARSIGN] Characteristics of parents signing/use of signs

[CHWHYBSL] Reasons why child needs BSL

[PARWHYBSL] Reasons why parent needs BSL

[BSLCHDEV] BSL and child development

[INTFOCUS] Focus of intervention

[INTDESC] Description of intervention process/work

[PCHRELBSL] BSL and the relationship between child and parent

[CHEFFECTS] Evidence of child effects of intervention

[DFCOMM] Deaf Community definitions

[DFCULT] Deaf Culture definitions

[FMDFCOM] The family/child and deaf culture/deaf community

Examples of what parents should be aiming at:

[PARAIMSIGN] re sign

[PARAIMREL] re relationship with child

Teacher and Deaf Consultant liaison

[TDCFREQ] frequency/nature

[TDCLIAS] how would help

[TDCPOS] Teacher and Deaf Consultant positive comments

[TDCNEG] Teacher and Deaf Consultant negative comments

[NONLANGINT] Non language features of intervention

Acknowledgement of variation

[VARCH] between children

[VARPAR] between parents

[POVDEAF] Self references to Deaf point of view

[PROJCRIT] Criticisms/improvements to the project

APPENDIX THREE

Sample of Ethnographic Content Analysis Coded Printout

the other. I try if I'm speaking to S (hearing child) and M is watching, to sign as well so that he can kind of eaves drop on our conversation 'cos otherwise I find it quite unfair because he watches. if he's watching a conversation like one to another. I think it's rude on him, and so I say you know what I'm asking S (hearing child) to do and you know I try. I don't know how much M understands and how much he doesn't I don't know but it's like with speech you don't say do you understand what I'm saying to the baby, you just say it and it pays off in later life they come out with the sign or the word... And M, he likes to lipread to watch your mouth pattern and that's how he gets his words I suppose. What do you think generally people think of sign language? I don't know. We were all going round my friend's the other week and we stayed for tea and everything and she just said on ain't that amazing how M understands, and I said well your son understands you speaking to him and we've brought M up in signing and she said I can't believe it, he was signing and I think they find it clever I suppose something different. I think other people should be aware of it and not just stop and stare which they haven't done I've never had anybody stop and stare, I suppose I've never been aware of it I've just got on and done it. I've gone round the supermarket and I sign and he's always signing to me he wants a cake or a lolly and I say you wait you can have a cake later, I suppose I'm that type of person I've never noticed if anybody was watching and if they was it wouldn't worry me anyway, I'm not inhibited about what I do if I'm doing it then that's it. you know that's my way, I'm not hiding round the corner, I'm not going round the corner 'cos there's no-one there to sign, I'd do it and that was it. Have you had a deaf visitor coming into the home? We did have. The first stage of the deaf people at home I had a lady come round I've forgotten what she's called, she was up at the summer school, the lady

APPENDIX FOUR

Questionnaire, Study Two (Dutch Version)

DEEL 1

[Dit gedeelte bevat algemene, feitelijke vragen omtrent u zelf en uw familie]

(1) Code:

(2) Geboortedatum

(3) Bent u: [ ] horend [ ] slechthorend [ ] doof

(4) Bent u:
[ ] alleenstaand [ ] getrouwd [ ] samenwonend
[ ] gescheiden [ ] van tafel en bed gescheiden
[ ] weduwe/weduwnaar

(5) Wat is de geboortedag van uw dove kind? _____

(6) Is uw dove kind: [ ] een jongen [ ] een meisje

(7) Heeft u nog andere kinderen?
Geboortedata:

_____

_____

_____

_____

_____

(8) Wat is uw relatie met het dove kind? (b.v. moeder, vader...)

(9) Heeft u andere dove familieleden?
[ ] Ja [ ] Nee
(geeft u nadere informatie, alstublieft)

(10) Heeft u een betaalde baan?
[ ] Ja [ ] Nee
Indien ja:
[ ] voltijd [ ] deeltijd
Hoeveel uur per week? _____uur

(11) Wat is de meest gesproken taal bij u thuis?

(12) Beschouwt u uzelf als tweetalig met betrekking tot welke talen dan ook?

(13) Hoe oud was uw dove kind toen het officieel als doof gediagnostiseerd werd?

_____maanden

(14) Hoe zou u de doofheid van uw kind beschrijven?

[ ] slechthorend
[ ] ernstig slechthorend
[ ] doof
[ ] anders (kunt u dit nader omschrijven, alstublieft)

(15) Heeft uw kind nevenhandicaps?

[ ] Nee [ ] Ja (kunt u dit specifieren alstublieft?)

(16) Kunt u een schatting geven van het inkomen van uw gezin op jaarbasis:

[ ] minimum
[ ] modaal
[ ] boven modaal

De volgende gedeelten betreffen vragen over tweetaligheid en dove kinderen. Wij willen graag inzicht krijgen in uw opvattingen over en ervaringen met het opvoeden van een doof kind. De vragen moeten niet gezien worden als een toets! Goede of foute antwoorden bestaan niet, verschillende opvattingen echter wel. Wij beschouwen uw antwoorden op de vragen als zeer waardevol. Wilt u alstublieft iedere vraag beantwoorden.

DEEL 2

(1) Als een doof persoon "tweetalig " is, dan betekent dat, dat hij/zij: (gelieve een hokje aan te kruisen)

[ ] Tegelijkertijd spreekt en gebaart
[ ] Soms NGT gebruikt, soms spreekt
[ ] NGT gebruikt, niet in staat is Nederlands te spreken, maar wel te lezen
[ ] NGT kan gebruiken en Nederlands kan spreken en lezen

(2) Hoeveel dove, tweetalige mensen zijn er in Nederland?

[ ] Veel
[ ] Een aantal
[ ] Slechts enkelen

(3) Denkt u dat de meeste van alle tweetalige dove mensen in Nederland (gelieve een hokje aan te kruisen)

[ ] Thuis tweetalig zijn opgevoed
[ ] Tweetalig zijn door hun schoolopleiding
[ ] Als volwassene tweetalig zijn geworden, nadat zijde school verlaten hadden

(4) Wilt u dat uw kind tweetalig wordt?

[ ] Ja
[ ] Nee
[ ] Ik weet het nog niet zeker
[ ] Ik weet het niet

(5) In het geval dat uw kind tweetalig zou worden, hoe denkt u dat uw kind thuis normaliter met u zou communiceren?
Hij/zij zal: (gelieve een hokje aan te kruisen)

[ ] Tegelijkertijd spreken en gebaren
[ ] Voornamelijk NGT gebruiken
[ ] Voornamelijk spreken/liplezen
[ ] Soms spreken, soms NGT gebruiken

(6) In het geval dat uw kind tweetalig zou worden, verwacht u dan dat hij/zij: (gelieve een hokje aan te kruisen)

[ ] Even vaardig zal zijn in NGT, als in gesproken Nederlands, en in geschreven Nederlands

[ ] *Vaardiger zal zijn in NGT dan in gesproken of* geschreven Nederlands

[ ] Even vaardig zal zijn in NGT en gesproken Nederlands, maar enige problemen zal hebben met geschreven Nederlands

[ ] Even vaardig zal zijn in NGT en geschreven Nederlands, maar enige problemen zal hebben met gesproken Nederlands

[ ] Vaardiger zal zijn in gesproken en geschreven Nederlands dan in NGT

[ ] Vaardiger zal zijn in geschreven Nederlands dan in ofwel NGT ofwel gesproken Nederlands

(7) In het geval dat uw kind tweetalig zou worden, verwacht u dan dat hij/zij: (gelieve een hokje aan te kruisen)

[ ] In staat zal zijn NGT en gesproken Nederlands in gelijke mate te begrijpen

[ ] In staat zal zijn gesproken Nederlands beter te begrijpen dan NGT

[ ] In staat zal zijn gesproken Nederlands beter te begrijpen dan NGT, als het gesproken Nederlands tegelijkertijd ondersteund wordt met gebaren

[ ] In staat zal zijn NGT beter te begrijpen dan gesproken Nederlands, zelfs als het gesproken Nederlands tegelijkertijd ondersteund wordt met gebaren

(8) Als u uw kind tweetalig opvoedt, verwacht u dan dat uw kind: (gelieve een hokje aan te kruisen)

[ ] Eerst NGT zal leren en later gesproken Nederlands
[ ] Eerst gesproken Nederlands zal leren en later NGT-
[ ] Tegelijkertijd NGT en gesproken Nederlands zal leren
[ ] Een combinatie van gebaren en spraak zal leren

(9) Denkt u dat: (gelieve een hokje aan te kruisen)

[ ] NGT uw kind zal helpen om te leren liplezen
[ ] NGT het uw kind moeilijker zal maken om te leren liplezen
[ ] Het gebruik van NGT en het leren liplezen niet verbonden zijn
[ ] Ik verwacht niet dat mijn kind leert liplezen

(10) Denkt u dat: (gelieve een hokje aan te kruisen)

[ ] NGT uw kind zal helpen om te leren lezen
[ ] NGT het uw kind moeilijker zal maken om te leren lezen
[ ] NGT en leren lezen niet verbonden zijn
[ ] Ik verwacht niet dat mijn kind leert lezen

(11) Wanneer uw kind meer gesproken/geschreven Nederlands leert, verwacht u dan dat hij/zij:
(gelieve een hokje aan te kruisen)

[ ] Minder NGT zal gebruiken
[ ] Meer NGT zal gebruiken
[ ] Meer gebruik zal maken van het tegelijkertijd spreken en gebaren
[ ] Minder gebruik zal maken van het tegelijkertijd spreken en gebaren

(12) Als u een tweetalige benadering kiest voor uw kind, wat is dan uw verwachting omtrent de manier waarop uw kind onderwezen wordt als het naar school gaat?
(gelieve een hokje aan te kruisen)

[ ] Sommige lessen in NGT en sommige lessen in gesproken Nederlands

[ ] Alle lessen in NGT, terwijl het Nederlands als een andere taal onderwezen wordt

[ ] Gedurende alle lessen zou de onderwijzer(es) tegelijkertijd moeten gebaren en spreken

[ ] Gedurende sommige lessen zou de onderwijzer(es) tegelijkertijd moeten gebaren en spreken, gedurende andere lessen zou alleen NGT gebruikt moeten worde

(13) Welke communicatieve vaardigheden zullen uw kind het meest helpen om een goede baan in de toekomst te vinden?
Gelieve de volgende antwoorden naar belangrijkheid te rangschikken, *van 1 (meest belangrijk) naar 5 (minst belangrijk):*

[ ] Goed geschreven Nederlands
[ ] Vloeiend gebruik van NGT
[ ] Duidelijke spraak
[ ] Goede simultane communicatie (tegelijkertijd spreken en gebaren)
[ ] Goed kunnen liplezen

(14) Kende u reeds wat NGT voordat u uw dove kind kreeg?
[ ] Ja [ ] Nee

Indien ja, wilt u dan alstublieft uitleggen hoeveel u reeds kende en hoe u dat geleerd hebt?

(15) Denkt u dat NGT een volwaardige taal is met haar eigen grammaticale regels?
[ ] Ja [ ] Nee [ ] Ik weet het niet zeker

(16) Denkt u dat NGT niet echt een volwaardige taal is omdat het voor een groot deel op het Nederlands steunt?
[ ] Ja [ ] Nee [ ] Ik weet het niet zeker

(17) Denkt u dat het mogelijk is om in NGT alle mogelijke dingen uit te drukken?
[ ] Ja [ ] Nee [ ] Ik weet het niet zeker

(18) Denkt u dat er dingen zijn die niet in NGT uitgedrukt kunnen worden?
[ ] Ja [ ] Nee [ ] Ik weet het niet zeker

(19) Denkt u dat er dingen zijn die in NGT beter uitgedrukt kunnen worden dan in het Nederlands?
[ ] Ja [ ] Nee [ ] Ik weet het niet zeker

(20) Denkt u dat er dingen zijn die in het Nederlands beter uitgedrukt kunnen worden dan in NGT?
[ ] Ja [ ] Nee [ ] Ik weet het niet zeker

(21) Hieronder volgen mogelijke redenen waarom ouders een tweetalige opvoeding kiezen voor hun dove kind. Welke daarvan zijn voor u het meest belangrijk geweest?
Gelieve de volgende antwoorden naar belangrijkheid te rangschikken, *van 1 (meest belangrijk) naar 4 (minst belangrijk):*

[ ] *Ik wil dat mijn kind zowel NGT* als Nederlands leert, zodat het later een keuze heeft om die taal te gebruiken waar het een voorkeur voor heeft

[ ] Ik wil dat mijn kind zowel NGT als Nederlands leert, zodat het beide talen even goed kan gebruiken

[ ] Ik wil dat mijn kind zowel NGT als Nederlands leert, omdat het mogelijk is dat het kind niet in staat blijkt het Nederlands onder de knie te krijgen

[ ] Ik wil dat mijn kind zowel NGT als Nederlands leert, zodat het zo veel mogelijk taal ter beschikking heeft

(22) Als u uw kind tweetalig opvoedt, verwacht u dan dat zijn/haar algemene taalontwikkeling:
(gelieve een hokje aan te kruisen)

[ ] Net zo goed zal worden als dat van een horend kind van dezelfde leeftijd

[ ] Beter zal zijn dan dat van een horend kind van dezelfde leeftijd

[ ] Achter zal blijven bij de taalontwikkeling van een horend kind van dezelfde leeftijd

[ ] Ik heb geen idee

DEEL 3

(1) Leert u NGT op het moment?
[ ] Ja [ ] Nee
Indien ja, hoe lang al?

(2) Op welke manier leert u NGT?

[ ] Via lessen/cursussen bij de NSDSK
[ ] Via andere NGT-cursussen (gelieve te specifieren)
[ ] Door het ontmoeten en in gezelschap zijn van dove mensen op een informele basis
[ ] Door het oefenen met vrienden/andere ouders
[ ] Door de huisbezoeken van de gezinsbegeleid(st)er
[ ] Anderszins (gelieve te specifieren)

(3) Hoeveel uur per week ontvangt u onderricht?
_____uur

(4) Is dat aantal uren voor u:
[ ] Voldoende
[ ] Te weinig
[ ] Te veel

Gelieve dit uit te leggen:

(5) In hoeverre gaan onderstaande beweringen voor u op? Gelieve de beweringen een score te geven op een schaal *van 1 (geheel niet geldig voor mij) tot 5 (heel erg waar voor mij)*

Ik vind het makkelijk om te leren gebaren	1	2	3	4	5
Ik heb er plezier in om gebaren te leren	1	2	3	4	5
Ik voel me onder druk staan om gebaren te leren	1	2	3	4	5
Ik voel me verward wanneer ik leer te gebaren	1	2	3	4	5

(6) Hieronder volgen plaatsen waar u met uw kind mogelijkerwijs zal moeten gebaren. Hoe moeilijk of hoe gemakkelijk is het voor u om in deze verschillende situaties te gebaren? Gelieve een score te geven op een schaal *van 1 (erg makkelijk) tot 5 (heel erg moeilijk):*

Thuis	1	2	3	4	5
Op straat	1	2	3	4	5
In de kinderspeelplaats/creche	1	2	3	4	5
In een winkel	1	2	3	4	5
In het huis van een vriend(in)	1	2	3	4	5
In het huis van een familielid	1	2	3	4	5
In de bus/trein/tram	1	2	3	4	5

(7) Hieronder volgen mogelijke problemen die ouders ondervinden als zij proberen NGT te gebruiken met hun kind. Heeft u dergelijke problemen eveneens ondervonden?
Gelieve een score te geven op een schaal *van 1 (geheel niet waar in mijn ervaring) tot 5 (heel erg waar in mijn ervaring):*

Ik vergeet de gebaren die ik heb geleerd	1	2	3	4	5
Mijn woordenschat is niet groot genoeg	1	2	3	4	5
Ik kan losse woorden gebaren, maar ik kan geen zinnen maken	1	2	3	4	5
De gebaren die ik leer, zijn niet altijd de gebaren die ik nodig heb met mijn kind	1	2	3	4	5
Ik kan dingen benoemen, maar niet uitleggen	1	2	3	4	5
Ik kan gebaren voor volwassen, maar niet voor kinderen	1	2	3	4	5
Ik heb problemen met de grammatica	1	2	3	4	5

Het is moeilijk om te herinneren het kind aan te kijken	1	2	3	4	5
Het is in de eerst plaats moeilijk om de aandacht van het kind te krijgen	1	2	3	4	5
Het vergt ontzettend veel geduld om gebaren te gebruiken met mijn kind	1	2	3	4	5
Soms begrijp ik niet wat het kind tegen mij gebaart	1	2	3	4	5
Ik heb moeite met tijdsbegrippen (voordat, nadat, later)	1	2	3	4	5
Verschillende gebaren voor dezelfde dingen verwarren me	1	2	3	4	5
Ik heb te weinig gelegenheid om te oefenen	1	2	3	4	5
Het wordt van me verwacht dat ik een gebaar meeten kan gebruiken nadat ik het geleerd heb (er is geen tijd om het te laten bezinken)	1	2	3	4	5
Het kost veel tijd om met mijn kind tegebaren	1	2	3	4	5
Ik krijgt niet voldoende onderricht in NGT	1	2	3	4	5
Als een voorwerp niet aanwezig is, kan ik het niet beschrijven	1	2	3	4	5
Mijn kind trekt zich terug in een eigen wereld	1	2	3	4	5
Soms heb ik niet voldoende motivatie om NGT met mijn kind te gebruiken	1	2	3	4	5

(8) Gelieve een schatting in percentages te maken:

Hoeveel van de geleerde NGT gebruikt u met uw kind?

_____%

Hoeveel van de geleerde NGT kunt u zich herinneren?

_____%

In hoeverre voorziet die NGT de u leert, in uw behoeften?

_____%

(9) Gebruikt u uw stem in communicatie met uw kind?

[ ] Nooit [ ] Zelden [ ] Soms [ ] Vaak [ ] Altijd

(10) Spreekt u met uw kind alsof hij/zij kan horen?

[ ] Nooit [ ] Zelden [ ] Soms [ ] Vaak [ ] Altijd

(11) Gebruikt u een combinatie van spraak en gebaren (op hetzelfde moment)?

[ ] Nooit [ ] Zelden [ ] Soms [ ] Vaak [ ] Altijd

(12) Zijn er situaties waarin u met uw kind alleen uw stem gebruikt (geen gebaren)?

[ ] Ja [ ] Nee

Indien ja, kunt u dan alstublieft uitleggen waarom en voorbeelden geven:

(13) Hieronder volgen mogelijke redenen waarom ouders gebaren en spraak met elkaar combineren in de communicatie met hun kind. In hoeverre bent u het, gebaseerd op uw eigen ervaringen, met deze redenen eens.?
Gelieve een score te geven *van 1 (erg mee eens) tot 5 (helemall niet mee eens):*

Het is te moeilijk om alleen te gebaren zonder te spreken	1	2	3	4	5
Mijn NGT is nog niet goed genoeg om geen gebruik te maken van mijn stem	1	2	3	4	5
Het voelt onnatuurlijk om mijn stem niet te gebruiken	1	2	3	4	5
Als ik net zo goed spreek als gebaar, heeft mijn kind meer kans om de betekenis te begrijpen	1	2	3	4	5
De gebaren zullen mijn kind helpen om te leren liplezen wat ik zeg	1	2	3	4	5

Het gebruiken van mijn stem maakt onderdeel uit van mijn manier om mijn kind als een gewoon kind te behandelen	1	2	3	4	5
Ik heb niet voldoende gebaren-vocabulaire om alleen te gebaren	1	2	3	4	5
Mijn kind hoort redelijk veel als het een hoortoestel draagt. Daarom wil ik hem/haar de gelegenheid bieden om ook spraak op te kunnen pikken	1	2	3	4	5
Het is makkelijker om zowel mijn stem te gebruiken als te gebaren	1	2	3	4	5

(14) Hieronder volgen beweringen over de "ideale" tweetalige communicatie met een doof kind. Met welke bent u het *het meeste eens?*
(gelieve slechts een hokje aan te kruisen)

[ ] Als ik een tweetalige benadering volg met mijn dove kind, dan zou ik een combinatie van gebarentaal en spraak (op hetzelfde moment) moeten gebruiken

[ ] Als ik een tweetalige benadering volg met mijn dove kind, dan zou ik gebarentaal en spraak niet moeten combineren

[ ] Als ik een tweetalige benadering volg met mijn dove kind, dan zou ik gebarentaal en spraak in eerste instantie moeten combineren, maar later apart moeten gebruiken

(15) Ouders hebben verschillende verwachtingen over hoe goed zij moeten zijn in hun gebruik van NGT. Gebaseerd op uw ervaring, in hoeverre *bent u het met* de volgende beweringen eens?
Gelieve een score te geven *van 1 (erg mee eens) tot 5 (helemaal niet mee eens):*

Ik wil NGT zo goed leren dat ik in staat ben mijn kind NGT te onderwijzen	1	2	3	4	5
Ik moet NGT vloeiend kunnen gebruiken	1	2	3	4	5
Ik zal NGT heel snel moeten leren	1	2	3	4	5
Het is niet realistisch om te verwachten dat ik een geheel nieuwe taal leer	1	2	3	4	5

Hoewel ik in NGT onderwezen word, vind ik het meer realistisch om een goede communicatie na te streven middels een combinatie van gebaren en spraak	1	2	3	4	5
Als het kind tweetalig wordt, is het niet nodig dat ik een vloeiende NGT-gebruik(st)er word	1	2	3	4	5
Ik maak me geen zorgen over wat voor soort gebarentaal ik gebruik met mijn kind; alles is nuttig zolang ik kan communiceren	1	2	3	4	5
Als het kind jong is doet het niet ter zake hoe ik gebaar, zo lang ik maar enige gebaren gebruik	1	2	3	4	5
Ik streef er naar mijn kind enige stappen voor te zijn in NGT	1	2	3	4	5
Ik beschouw het als het moeten leren van een vreemde taal	1	2	3	4	5
Ik maak me er niet druk over of een gebaar correct is of niet	1	2	3	4	5
Als ik een gebaar niet ken, is dat OK, ik verzin gewoon iets	*1*	*2*	*3*	*4*	*5*
Mijn gebaren moeten de correcte NGT gebaren zijn	1	2	3	4	5
Ik wil een diploma in NGT halen	1	2	3	4	5
Ik wil geen volledige volwassen NGT leren, ik wil slechts NGT leren op een niveau dat ik nodig heb voor de communicatie met mijn kind	1	2	3	4	5
Ik verwacht niet dat ik vloeiend in NGT word, dat duurt jaren	1	2	3	4	5
Mogelijk heb ik de vaardigheden niet om een vloeiend NGT-gebruik(st)er te worden	1	2	3	4	5
Ik wil opgeleid worden tot tolk	1	2	3	4	5
Ik wil gebaren en woorden zo goed mogelijk kunnen combineren	1	2	3	4	5

Ik wil voldoende vaardig in NGT zijn om met dove volwassenen te kunnen communiceren	1	2	3	4	5
Ik wil slechts voldoende vaardig in NGT zijn om met mijn kind te kunnen communiceren	1	2	3	4	5

(16) Ouders hebben verschillende manieren waarop zij proberen hun kind tweetalig te laten worden. Heeft u een of meerdere van de onderstaande manieren geprobeerd en wierpen zij vruchten af?

Een deel van de dag wordt gereserveerd om thuis alleen NGT te gebruiken, niemand gebruikt zijn/haar stem

[ ] Ja [ ] Nee

Een gezinslid/ouder gebruikt altijd slechts NGT in communicatie met het kind, de andere gezinsleden spreken, of gebruiken een combinatie van gebaren en spraak

[ ] Ja [ ] Nee

NGT wordt tijdens bepaalde bezigheden met het kind gebruikt en spraak tijdens andere bezigheden

[ ] Ja [ ] Nee

Als gezinsleden met elkaar spreken gebruiken zij enkele gebaren, zodat het kind een kans heeft te volgen wat er om hem/haar heen gaande is

[ ] Ja [ ] Nee

Tijdens het uitvoeren van dagelijke bezigheden (zoals voeden, verschonen) wordt geleidelijk aan steeds meer NGT gebruikt

[ ] Ja [ ] Nee

U reserveert en specifieke tijd waarin u het kind NGT onderwijst

[ ] Ja [ ] Nee

Andere manieren?

(17) Het gebruik van gebarentaal met uw kind kan gevolgen hebben voor uw gevoelens over uw verhouding met uw kind. Wilt u alstublieft nadenken over hoe u zich voelt als u NGT gebruikt met uw kind.
Hieronder worden enkele gevoelens weergegeven, met aan iedere kant van de lijn een uiterste. Omcirkelt u een van de sterren tussen de uitersten in, afhankelijk van hoe ver af of hoe dichtbij uw gevoelens zijn van deze uitersten:

Vol zelfvertouwen	*	*	*	*	*	Onzeker
Op m'n gemak	*	*	*	*	*	Ongemakkelijk
Ontspannen	*	*	*	*	*	Gespannen
Betrokken/nabij	*	*	*	*	*	Geen contact
Vrij	*	*	*	*	*	Geremd
Onbezorgd	*	*	*	*	*	Bezorgd
Vaardig	*	*	*	*	*	Niet vaardig
Natuurlijk	*	*	*	*	*	Onnatuurlijk

DEEL 4

(1) Gebruikt uw kind enige gebaren op het moment?

[ ] Ja [ ] Nee
Indien ja, schat u dan hoeveel verschillende gebaren het kind gebruikt:_____

(2) Denkt u dat uw kind meer gebaren begrijpt dan het normaliter gebruikt?

[ ] Ja [ ] Nee

Indien ja, schat u dan hoeveel verschillende gebaren het kind begrijpt:_____

(3) Spreekt uw kind enige woorden op het moment?

[ ] Ja [ ] Nee

Indien ja, schat u dan hoeveel verschillende woorden het kind spreekt:_____

(4) Kan uw kind enige woorden liplezen?

[ ] Ja [ ] Nee

Indien ja, schat u dan hoeveel verschillende woorden het kind kan liplezen:_____

(5) Hieronder volgen mogelijke manieren waarop uw kind u iets kan vragen of probeert u iets te laten doen. Welke mainieren gebruikt uw kind het meeste?
Gelieve de mogelijke manieren te rangschikken *van 1 (meest gebruikt) tot 8 (minst gebruikt):*

[ ] Wijzen
[ ] Het betreffende gebaar maken
[ ] Zijn/haar stem gebruiken
[ ] Een driftbui hebben
[ ] U naar het voorwerp brengen
[ ] Uw gezicht aanraken/u slaan
[ ] Wijzen en het gebaar maken
[ ] Wijzen en zijn/haar stem gebruiken

(6) Bent u tevreden met de vooruitgang di uw kind boekt in NGT?

[ ] Ja [ ] Nee

(gelieve uit te leggen)

(7) Bent u tevreden met de vooruitgang die uw kind boekt in het spreken/liplezen?

[ ] Ja [ ] Nee

(gelieve uit te leggen)

(8) Denkt u dat uw kind op het moment enige voorkeur heeft voor:
(gelieve een hokje aan te kruisen)

[ ] Spraak
[ ] Gebarentaal
[ ] Tegelijkertijd spreken en gebaren
[ ] Ik kan het niet zeggen op het moment

(9) Denkt u dat uw kind in NGT beter met een doof persoon communiceert dan met u?

[ ] Ja
[ ] Nee
[ ] Er is geen verschil

Indien ja, hoe voelt u zich daaronder?

DEEL 5

[Als een of meerdere vragen in dit deel niet van toepassing zijn op uw familiesituatie, gelieve deze dan door te krassen]

(1) Wie in uw familie leert NGT?

(2) Wie in uw familie leert geen NGT?

(3) Wie in uw familie volgt NGT-cursussen?

(4) Wie van de familieleden leert u te gebaren?

(5) Wie gebaart het meest vaardig in uw familie?

(6) Wie in uw familie besteedt de meeste tijd aan het leren gebaren?

(7) Denkt u dat het voor bepaalde familieleden belangrijker is om te leren gebaren dan voor andere?
(gelieve dit uit te leggen)

(8) Gebruiken uw andere kinderen gebaren met uw dove kind?

[ ] Nooit [ ] Zelden [ ] Soms [ ] Vaak [ ] Altijd

(9) Gebruiken uw andere kinderen slechts hun stem (geen gebaren) met uw dove kind?

[ ] Nooit [ ] Zelden [ ] Soms [ ] Vaak [ ] Altijd

(10) Gebruikt uw partner NGT met uw dove kind?

[ ] Nooit [ ] Zelden [ ] Soms [ ] Vaak [ ] Altijd

(11) Gebruikt uw partner slechts zijn/haar stem (geen gebaren) met uw dove kind?

[ ] Nooit [ ] Zelden [ ] Soms [ ] Vaak [ ] Altijd

(12) Spreekt en gebaart uw partner tegelijkertijd met uw kind?

[ ] Nooit [ ] Zelden [ ] Soms [ ] Vaak [ ] Altijd

(13) Bent u tevreden met de mate waarin uw familie probeert om gebaren te leren en te gebruiken?

[ ] Ja [ ] Nee

(14) Voelt u zich wel eens een tolk tussen uw dove kind en andere familieleden?

[ ] Ja [ ] Nee

(gelieve dit u uit te leggen)

DEEL 6

(1) Denkt u dat uw kind profijt heeft van zijn/haar gehoorapparaatjes?

[ ] Ja [ ] Nee [ ] Niet Zeker

(2) Welke verschillen heeft u opgemerkt als uw kind zijn/haar gehoorapparaatjes wel of niet draagt?

(3) Draagt uw kind zijn/haar gehoorapparaatjes:

[ ] Altijd [ ] Vaak [ ] Soms [ ] Zelden [ ] Nooit

(4) Denkt u dat uw kind zijn/haar gehoorapparaatjes zal dragen als het groter wordt?

[ ] Ja [ ] Nee [ ] Niet zeker

(5) Waarom denkt u dat sommige dove volwassenen geen gehoorapparaten dragen?

(6) Denkt u dat het dragen van gehoorapparaatjes het kind helpt om NGT te leren?

[ ] Ja [ ] Nee [ ] Niet zeker

(gelieve dit uit te leggen)

(7) Denkt u dat het dragen van gehoorapparaatjes het kind het moeilijker kan maken om NGT te leren?

[ ] Ja [ ] Nee [ ] Niet zeker

(gelieve dit uit te leggen)

(8) Overweegt u een cochleaire implantie voor uw kind?

[ ] Ja [ ] Nee [ ] Ik weet niet zeker wat dat is

DEEL 7

(1) Heeft u wel eens gehoord van de term "Dovengemeenschap"?

[ ] Ja [ ] Nee

Indien ja, wat verstaat u daaronder?

(2) Heeft u wel eens gehoord van de term "Dovencultuur"?

[ ] Ja [ ] Nee

Indien ja, wat verstaat u daaronder?

(3) Denkt u dat u lid van de Dovengemeenschap wilt worden?

[ ] Ja [ ] Nee [ ] Ik heb er nooit over nagedacht

(4) Denkt u dat uw kind lid van de Dovengemeenschap zal worden?
(gelieve een hokje aan te kruisen)

[ ] Hij/zij is reeds lid van de Dovengemeenschap
[ ] Misschien als hij/zij ouder wordt
[ ] Zeer zeker als hij/zij ouder is
[ ] Nooit

(5) Wat zouden volgens u de voordelen zijn voor uw kind om deel uit te maken van de Dovengemeenschap?

(6) Wat zouden volgens u de nadelen zijn voor uw kind om deel uit te maken van de Dovengemeenschap?

(7) Wat zouden volgens u de voordelen zijn voor u om deel uit te maken van de Dovengemeenschap?

(8) Wat zouden volgens u de nadelen zijn voor u om deel uit te maken van de Dovengemeenschap?

(9) Als uw kind tweetalig is, zou het dan ook bi-cultureel moeten zijn?

[ ] Ja [ ] Nee [ ] Ik heb er nooit over nagedacht

(10) Als uw kind tweetalig is, zou uw gezin dan ook bi-cultureel moeten zijn?

[ ] Ja [ ] Nee [ ] Ik heb er nooit over nagedacht

(11) Wat zou het voor uw dove kind en uw gezin kunnen beteken om bi-cultureel te zijn?

(12) Hoeveel contact heeft u gehad met dove volwassenen?

[ ] Veel [ ] Niet veel [ ] Nauwelijks [ ] Geen

(13) Het contact dat u gehad heeft, was dat voor uw gevoel:

[ ] Genoeg contact
[ ] Te wenig contact
[ ] Te veel contact

DEEL 8

Als u nog iets anders mocht willen zeggen over *dove kinderen, tweetaligheid* en de ervaringen die uw familie heeft gehad, gebruikt u hier dan de onderstaande ruimte voor alstublieft:

Hartelijk dank dat u de tijd heeft willen nemen om dit interview te beantwoorden. Uw antwoorden zullen behulpzaam zijn bij het plannen van de dienstverlening aan dove kinderen en hun families in de toekomst.

Alys Young
(28/02/94)

APPENDIX FIVE

Questionnaire, Study Two (*English Version*)

SECTION ONE

[This section contains general factual questions about you and your family.]

(1) Code No. _____

(2) Date of Birth _____

(3) Are you: [ ] hearing [ ] partially deaf [ ] deaf

(4) Are you: [ ] Single [ ] married [ ] living together
[ ] divorced [ ] separated [ ] widowed

(5) What is your deaf child's date of birth? _____

(6) Is your deaf child: [ ] male [ ] female

(7) Are there other children in the family?
Dates of birth:

_____
_____
_____
_____

(8) What is your relationship with your deaf child? (e.g mother, father...)

_____

(9) Do you have any other family members who are deaf? (Please give details)

(10) Do you work? [ ] Yes [ ] No

If yes: [ ] Full time [ ] Part Time

How many hours per week? ____

(11) What is the main language spoken at home? _____

(12) Do you consider yourself to be bilingual with regard to any languages? (Please explain)

(14) How old was your deaf child when s/he was officially diagnosed?

_____months

(15) How would you describe your child's deafness?

[ ] Moderate/Mild
[ ] Severe
[ ] Profound
[ ] Other (Please specify)

(16) Does your deaf child have any other disabilities?

[ ] No
[ ] Yes
If yes: please specify _____

(17) Please give an estimate of your family income per annum. Is it:

[ ] Average
[ ] Below Average
[ ] Above Average

The following sections contain questions about bilingualism and deaf children. We are interested in learning about your point of view and about your experiences in bringing up a deaf child. It is not a test! There are no right and wrong answers, only differences of opinion. Your response is very valuable. Please answer every question.

SECTION TWO

(1) If a deaf person is "bilingual" it means that they: (please tick one box)

[ ] Speak and sign at the same time
[ ] Sometimes use NGT, sometimes use speech
[ ] Use NGT, can't speak but can read Dutch
[ ] They can use NGT, speak and read Dutch

(2) How many bilingual deaf people are there in The Netherlands?

[ ] A lot
[ ] Some
[ ] Very Few

(3) Of the population of bilingual deaf people in The Netherlands, do you think: (please tick one box)

[ ] Most of them were brought up bilingually at home
[ ] Most of them became bilingual as a result of their schooling
[ ] Most of them became bilingual in adult life, after school

(4) Do you want your deaf child to be bilingual?

[ ] Yes
[ ] No
[ ] Not sure yet
[ ] I don't know

(5) If your deaf child grew up to be bilingual, how would you expect them usually to communicate with you at home? (please tick one box)

[ ] Speak and sign at the same time
[ ] Mainly use NGT
[ ] Mainly speak/lipread
[ ] Sometimes speak, sometimes use NGT

(6) If your deaf child grew up to be bilingual, do you expect them to be: (please tick one box)

[ ] Equally proficient in NGT, spoken Dutch and written Dutch
[ ] More proficient at NGT than spoken or written Dutch
[ ] Equally proficient at NGT and spoken Dutch, but have some problems with written Dutch
[ ] Equally proficient at NGT and written Dutch, but have some problems with spoken Dutch
[ ] More proficient at spoken and written Dutch than at NGT
[ ] More proficient at written Dutch than at either NGT or spoken Dutch

(7) If your deaf child grew up to be bilingual, do you expect them: (please tick one box)

[ ] To be able to follow NGT and spoken Dutch equally well
[ ] To be able to follow spoken Dutch better than NGT
[ ] To be able to follow spoken Dutch better than NGT if the spoken Dutch is accompanied by signing at the same time
[ ] To be able to follow NGT better than spoken Dutch even if the spoken Dutch is accompanied by signing at the same time

(8) If you are following a bilingual approach, do you expect your child to: (please tick one box)

[ ] Learn NGT first then spoken Dutch afterwards
[ ] Learn spoken Dutch first then NGT afterwards
[ ] Learn NGT and spoken Dutch at the same time
[ ] Learn something that's a mixture of signs and speech

(9) Do you think that: (please tick one box)

[ ] NGT will help your child to learn to lipread
[ ] NGT will make it more difficult for your child to learn to lipread
[ ] Using NGT and learning to lipread are not connected
[ ] I don't expect my child to learn to lipread

(10) Do you think that: (please tick one box)

[ ] NGT will make it easier for your child to learn to read
[ ] NGT will make it more difficult for your child to learn to read
[ ] NGT and learning to read are not connected
[ ] I do not expect my child to learn to read

(11) As your child learns more spoken/written Dutch, do you expect him/her: (please tick one box)

[ ] To use less NGT
[ ] To use more NGT
[ ] To use more signing and speaking at the same time
[ ] To use less signing and speaking at the same time

(12) If you were following a bilingual approach with your child, how would you expect them to be taught when they went to school? (Please tick one box)

[ ] Some lessons in NGT and some in spoken Dutch
[ ] All lessons in NGT, with Dutch being taught as another language
[ ] In all lessons the teacher would sign and speak at the same time
[ ] In some lessons the teacher would sign and speak at the same time, in others only NGT would be used

(13) Which communication skills are going to help your child most to get a good job in the future? Please rank the following in order of importance from 1 (most important) to 5 (least important):

[ ] Good written Dutch
[ ] Fluent NGT
[ ] Clear speech
[ ] Good simultaneous communication (speaking and signing at the same time)
[ ] Good lipreading

(14) Did you know any NGT before you had a deaf child?

[ ] Yes [ ] No

If yes please explain how much you knew and how you knew it:

(15) Do you think that NGT is a language in its own right with its own grammatical rules??

[ ] Yes [ ] No [ ] Not sure

(16) Do you think that NGT is not really a language in its own right because it relies a lot on Dutch?

[ ] Yes [ ] No [ ] Not sure

(17) Do you think that NGT can be used to express anything and everything?

[ ] Yes [ ] No [ ] Not sure

(18) Do you think that there are some things you can't express in NGT?

[ ] Yes [ ] No [ ] Not sure

(19) Do you think that there are some things better expressed in NGT than in Dutch?

[ ] Yes [ ] No [ ] Not sure

(20) Do you think that there are some things better expressed in Dutch than in NGT?

[ ] Yes [ ] No [ ] Not sure

(21) The following are all reasons why parents might choose to follow a bilingual approach with their deaf child. Which of them have been most important for you? Please rank them in order 1 (most important) to 5 (least important):

[ ] I want my child to learn both NGT and Dutch so that they have a choice later on which they prefer to use.

[ ] I want my child to learn NGT and Dutch so that they can use both equally well.

[ ] I want my child to learn both NGT and Dutch because they may not be able to grasp Dutch.

[ ] I want my child to learn NGT and Dutch so they have as much language as possible, of any sort.

(22) If you follow a bilingual approach with your deaf child, do you expect their general language development to be: (Please tick one box)

[ ] As good as a hearing child's of the same age
[ ] Better than a hearing child's of the same age
[ ] Still to be behind that of a hearing child of the same age
[ ] I have no idea

Please give a reason for your answer:

SECTION THREE

(1) Are You learning NGT at the moment?

[ ] Yes [ ] No

If yes, How long have you been learning? _____

(2) How are you learning it?

[ ] Classes/courses/groups at NSDSK
[ ] Other NGT Course (Please specify)
[ ] Meeting and mixing with deaf people informally
[ ] Practicing with friends/other parents
[ ] Visits at home from a family counsellor
[ ] Other (Please specify)

(3) How many hours a week teaching do you receive? _____hrs

(4) For you, is this amount:

[ ] Enough
[ ] Too little
[ ] Too much

Please explain:

(5) How true are these statements for you? Please give them a score on a scale of 1 (not true for me at all) up to 5 (very true for me)

I find it easy to learn to sign?	1	2	3	4	5
I find it enjoyable to learn to sign?	1	2	3	4	5
I feel under pressure to learn to sign?	1	2	3	4	5
I feel embarrassed when I'm learning to sign?	1	2	3	4	5

(6) The following are all places where you might have to sign with your child. How easy or difficult do you find it to sign in these different settings? Please give them a score on a scale of 1 (very easy) up to 5 (very difficult):

At Home	1	2	3	4	5
In the street	1	2	3	4	5
At playgroup/nursery	1	2	3	4	5
In a shop	1	2	3	4	5
In a friend's home	1	2	3	4	5
In a relative's home	1	2	3	4	5
On a bus/train/tram	1	2	3	4	5

(7) The following are all difficulties parents might have when they try to use NGT with their child. Are they your experiences or not? Please give them a score from 1 (not true in my experience) up to 5 (very true in my experience):

I forget the signs I have learned	1	2	3	4	5
I don't have enough vocabulary	1	2	3	4	5
I can sign single words, but I can't make sentences	1	2	3	4	5
The signs I learn are not always the signs I need for my child	1	2	3	4	5
I can name things but I can't explain things	1	2	3	4	5
I know adult signs, not child signs	1	2	3	4	5
I have problems with the grammar	1	2	3	4	5
It's hard to remember to look at the child	1	2	3	4	5
It is difficult to get the child's attention in the first place	1	2	3	4	5
It takes a lot of patience to use sign language with my child	1	2	3	4	5
Sometimes I don't understand what my child signs to me	1	2	3	4	5
I can't get over ideas about time (before, after, later on)	1	2	3	4	5
Different signs for the same things confuse me	1	2	3	4	5
I don't get enough practice	1	2	3	4	5
I'm expected to be able to use a sign immediately I have learned it (there's no time to let it sink in)	1	2	3	4	5
It takes up a lot of time to sign with my child	1	2	3	4	5
I do not have enough lessons in NGT	1	2	3	4	5

If an object is not there, I can't describe it	1	2	3	4	5
My child drifts away into a world of their own	1	2	3	4	5
Sometimes I don't have enough motivation to use NGT with my child	1	2	3	4	5

(8) Please estimate as a percentage:

How much of the NGT you learn do you use with your child? ____%

How much of the NGT you learn do you remember? ____%

How much of the NGT you learn is relevant to your needs? ____%

(9) Do you use your voice with your child?

[ ] Never [ ] Rarely [ ] Sometimes [ ] Often [ ] All the time

(10) Do you talk to your child as if s/he could hear?

[ ] Never [ ] Rarely [ ] Sometimes [ ] Often [ ] All the time

(11) Do you use a mixture of speech and sign at the same time with your child?

[ ] Never [ ] Rarely [ ] Sometimes [ ] Often [ ] All the time

(12) Are there situations in which you would just use your voice (no signs) with your child?

[ ] Yes [ ] No

If Yes, please explain why and give examples:

(13) The following are all reasons why parents may mix both sign and speech when they are communicating with their child. How much, from your own experience, do you agree with them? Please give them a score from 1 (strongly agree) to 5 (strongly disagree):

It is too difficult to just sign without speaking	1	2	3	4	5
My NGT is not good enough yet to turn my voice off	1	2	3	4	5
It's unnatural not to use my voice	1	2	3	4	5
If I speak as well as sign my child has more chance of grasping the meaning	1	2	3	4	5
The signs will help my child to learn to lipread what I say	1	2	3	4	5
Using my voice is part of treating my deaf child as an ordinary child	1	2	3	4	5
I do not have enough sign vocabulary just to use NGT	1	2	3	4	5
My child has a lot of hearing with their hearing aids, so I want to give him/her the opportunity to pick up speech as well	1	2	3	4	5
It is easier to use my voice as well as sign	1	2	3	4	5

(14) The following are all "ideal" statements about bilingual communication with a deaf child. Which of them do you most agree with? (Please tick one box only)

[ ] If I am following a bilingual approach with my deaf child I should use a mixture of both sign language and speech at the same time

[ ] If I am following a bilingual approach with my deaf child I should not mix sign language and speech

[ ] If I am following a bilingual approach with my deaf child I should mix sign language and speech at first, but then later use them separately

(15) Parents have different expectations of how well they need to be able to use NGT. From your own experience, how strongly or not would you agree with the following? Please give them a score from 1 (strongly agree) to 5 (strongly disagree):

I want to learn NGT well enough to be able to teach my child NGT	1	2	3	4	5
I have to become fluent in NGT	1	2	3	4	5
I have to learn NGT very quickly	1	2	3	4	5
It is not realistic to expect me to learn a whole new language	1	2	3	4	5
I might be taught NGT, but it is more realistic for me to aim for good communication in a mixture of sign and speech	1	2	3	4	5
If the child becomes bilingual I will not need to be fluent in NGT anyway	1	2	3	4	5
I don't worry about what kind of sign language I use with my child, every sort is helpful as long as I can communicate	1	2	3	4	5
When the child is young it doesn't matter what kind of signing I produce, as long as I am doing some signing	1	2	3	4	5
I'm just aiming to be a few steps ahead of my child in NGT	1	2	3	4	5
I look on it like having to learn a foreign language	1	2	3	4	5
I don't worry whether a sign is correct or not	1	2	3	4	5
If I don't know the sign, it's OK I just make it up	1	2	3	4	5
My signs must be the right NGT signs	1	2	3	4	5
I want to take qualifications in NGT	1	2	3	4	5
I do not want to learn full adult NGT, I only want to learn NGT at the level I need for my child	1	2	3	4	5

I don't expect to be a fluent signer, that takes years	1	2	3	4	5
I might not have the skills to ever be a fluent signer	1	2	3	4	5
I want to train to be an interpreter	1	2	3	4	5
I want to be able to combine signs and speech as well as possible	1	2	3	4	5
I want to be fluent enough to communicate with deaf adults	1	2	3	4	5
I just want to be fluent enough to communicate with my child	1	2	3	4	5

(16) Parents have different ways in which they try to help their child become bilingual. Have you tried any of the following and do they work?

Set aside a part of each day when only NGT is used in the home, nobody uses their voice.

One family member/parent only ever uses NGT with the child, other members speak or use a mixture of sign and speech

To use NGT when doing some things with the child and to use speech when doing other things

Family members use some signs when they speak to each other so that the child has a chance of following what is going on around them.

To gradually incorporate more NGT when carrying out daily tasks with child, like feeding, changing the nappy.

To set aside a specific time when you teach the child NGT

Any other way?

(17) Trying to use sign language with your child can effect how you feel about your relationship with your child. Please think about how using NGT makes you feel when you are with your child. Below are some pairs of feelings. Circle one of the stars between them depending on how near or far away you are from the feelings at either end of the line:

Confident	*	*	*	*	*	Unconfident
Comfortable	*	*	*	*	*	Uncomfortable
Relaxed	*	*	*	*	*	Tense
Close	*	*	*	*	*	Separate
Free	*	*	*	*	*	Inhibited
Unconcerned	*	*	*	*	*	Worried
Competent	*	*	*	*	*	Incompetent
Natural	*	*	*	*	*	Unnatural

SECTION FOUR

(1) Does your child use any signs at the moment?

[ ] Yes [ ] No

If yes, estimate how many different ones they use _____

(2) Do you think your child understands more signs than they actually use?

[ ] Yes [ ] No

If yes, please estimate how many different signs they understand_____

(3) Does your child say any words at the moment?

[ ] Yes [ ] No

If yes, please estimate how many different words they say _____

(4) Can your child lipread any words?

[ ] Yes [ ] No

If yes, please estimate how many different words they can lipread _____

(5) The following are all ways in which your child might ask you for something or get you to do something. Which methods does you child use most frequently? Please rank them in order from 1 (most frequent) to 8 (least frequent):

[ ] Point
[ ] Make the sign
[ ] Use their voice
[ ] Have a tantrum
[ ] Take you to the object
[ ] Bring the object to you
[ ] Touch your face/hit you
[ ] Point and make the sign
[ ] Point and use their voice

(6) Are you satisfied or not with your child's progress in NGT? (Please explain)

(7) Are you satisfied or not with your child's progress in speech/lipreading? (Please explain)

(8) Do you think at the moment your child shows any preference for:

[ ] Speech
[ ] Sign Language
[ ] Speaking and signing at the same time
[ ] Can't tell at the moment

(9) Do you think your child communicates in NGT better with a deaf person than with you?

[ ] Yes
[ ] No
[ ] There's no difference

If yes, how does this make you feel?

SECTION FIVE

[If any of the questions in this section are not applicable to your family situation, please put a line through them.]

(1) Who in your family is learning NGT?

(2) Who in your family is not learning NGT?

(3) Who in your family goes to NGT classes?

(4) Do you teach any members of your family to sign?

(5) Who is the most skilled signer in your family?

(6) Who in your family spends most time learning to sign?

(7) Do you think it is more important for some members of the family to learn to sign than others? (Please explain)

(8) Do your other children use signs with your deaf child?

[ ] Never [ ] Rarely [ ] Sometimes [ ] Often
[ ] All the time

(9) Do your other children just use their voice (no signs) with your deaf child?

[ ] Never [ ] Rarely [ ] Sometimes [ ] Often
[ ] All the time

(10) Does your partner use NGT with your deaf child?

[ ] Never [ ] Rarely [ ] Sometimes [ ] Often
[ ] All the time

(11) Does your partner just use their voice (no signs) with your deaf child?

[ ] Never [ ] Rarely [ ] Sometimes [ ] Often
[ ] All the time

(12) Does your partner sign and speak at the same time with your child?

[ ] Never [ ] Rarely [ ] Sometimes [ ]Often
[ ] All the time

(13) Are you satisfied with how much effort your family puts into learning and using sign language?

(14) Do you ever feel you act as an interpreter between your deaf child and other family members?

SECTION SIX

(1) Do you think your child derives any benefit from his/her hearing aids?

[ ] Yes [ ] No [ ] Not sure

(2) What differences have you noticed when s/he wears his/her hearing aids from when they do not?

(3) Does you child wear his/her hearing aids:

[ ] All of the time [ ] Some of the time [ ] Rarely
[ ] Never

(4) Do you think your child will wear his/her hearing aids when s/he grows up?

[ ] Yes [ ] No [ ] Not sure

(5) Why do you think some deaf adults do not wear their hearing aids?

(6) Do you think wearing hearing aids helps a child learn NGT?

(7) Do you think wearing hearing aids can make it more difficult for a child to learn NGT?

(8)) Are you thinking about a cochlear implant for your child?

[ ] Yes [ ] No [ ] I'm not sure what it is

Please give a reason for your answer:

SECTION SEVEN

(1) Have you heard the term "Deaf Community"?

[ ] Yes [ ] No

If yes, what do you understand by it?

(2) Have you heard the term "Deaf Culture"?

[ ] Yes [ ] No

If yes, what do you understand by it?

(3) Do you think you want to become a member of the Deaf Community?

[ ]Yes [ ] No [ ] Never thought about it

Please explain:

(4) Do you think your child will become a member of the Deaf Community? (Please tick one box):

[ ] S/He is now
[ ] Maybe when s/he's older
[ ] Definitely when s/he's older
[ ] Never

Please explain:

(5) What do you imagine would be the advantages in your child being part of the deaf community?

(6) What do you imagine would be the disadvantages in your child being part of the deaf community?

(7) What do you imagine would be the advantages in you being part of the deaf community?

(8) What do you imagine would be the disadvantages in you being part of the deaf community?

(9) If your deaf child is bilingual does s/he have to be bicultural as well?

[ ] Yes [ ] No [ ] Never thought about it

(10) If your deaf child is bilingual does your family have to be bicultural as well?

[ ] Yes [ ] No [ ] Never thought about it
[ ] Never knew there was a difference

(11) What do you think being bicultural might mean for your deaf child and the family?

(12) How much contact have you had with deaf adults?

[ ] A lot [ ] Not much [ ] Hardly any [ ] None at all

(13) For you, have you had:

[ ] Enough contact [ ] Too little contact
[ ] Too much contact

SECTION EIGHT

If you wish to say anything else about deaf children, bilingualism and the experiences your family have had, please use the space below:

Thank you for taking the time to complete this questionnaire. Your answers will be very helpful in planning services for deaf children and their families in the future.

Alys Young
28/02/94

APPENDIX SIX

SPSS Coding Handbook

SPSS(X) CODEBOOK FOR DATA FROM QUESTIONNAIRE TO PARENTS (STUDY TWO)

RECORD 1

1-2	Code given to the deaf subject child. This will be between 01 and 20. [CHID]
3-4	Mother's code as on the original questionnaire. [MID]
5-6	Father's code as on the original questionnaire. [FID]
7-8	Mother's date of birth, day. [MBDAY]
9-10	Mother's date of birth, month. [MBMONTH]
11-12	Mother's date of birth, year. [MBYEAR]
13-14	Father's date of birth, day. [FBDAY]
15-16	Father's date of birth, month. [FBMONTH]
17-18	Father's date of birth, year. [FBYEAR]
19	Mother's hearing status. 1=hearing; 2=partially deaf; 3=deaf [MHEAR]
20	Father's hearing status. 1=hearing; 2=partially deaf; 3=deaf [FHEAR]
21	Parent's marital status. 1=single; 2=married; 3=living together; 4=separated; 5=divorced; 6=widowed [MARITAL]
22	*Blank space*
23	Sex of deaf subject child. 1=female; 2=male [CSEX]
24-25	Date of birth of deaf subject child, day. [CBDAY]
26-27	Date of birth of deaf subject child, month. [CBMONTH]
28-29	Date of birth of deaf subject child, year. [CBYEAR]
30-31	Age of deaf subject child, given in number of months e.g.18. [CAGE]
32-33	Age of child when officially diagnosed, given in number of months e.g 15. [DIOGAGE]
34	Deaf subject child's degree of deafness. 1=moderate/mild; 2=severe; 3=profound; 4=other [CDEAF]

35	Deaf subject child's additional handicaps. 1=yes; 2=no [HCAP]
36	*Blank space*
37	How many other children, in the family, given as a number e.g 2. [OTHERC]
38	Position of deaf subject child in the family, e.g 1=1st child, 2=2nd child etc. [CFAMPOS]
39	Any of the other children deaf. 1=yes; 2=no [OTHCDEAF]
40-41	Age of other deaf child given in months e.g.92. (There is no case in which there is more than one other deaf child). [OTHCDAGE]
42	Position of other deaf child in the family e.g.1=1st child. [OTHCDPOS]
43-44	Age of first child in the family, given in months. [OTHC1AGE]
45-46	Age of second child in the family, given in months. [OTHC2AGE]
47-48	Age of third child in the family, given in months (no child's age is more than 99 months). [OTHC3AGE]
49-50	Age of fourth child in the family, given in months (no child's age is more than 99 months). [OTHC4AGE]
51	*Blank space*
52	Mother in paid employment. 1=yes; 2=no [MWORK]
53	Mother's employment: 1=full time; 2=part time. [MWORKTM]
54-55	Mother's hours worked per week, given as a number e.g.10. [MWORKHRS]
56	Father in paid employment. 1=yes; 2=no [FWORK]
57	Father's employment: 1=full time; 2=part time [FWORKTM]
58-59	Father's hours worked per week, given as a number e.g.10. [FWORKHRS]
60	Estimation of family income. 1=average; 2=below average; 3=above average [FAMINCOM]
61	*Blank space*

62	Main language spoken at home. 1=Dutch; 2=Dutch/English; 3=spoken; 4=T.C./Dutch with signs/signs; 5=Dutch/NGT [HMLANG]
63	Mother's self assessment as bilingual. 1=yes; 2=no; 3=a little/sometimes/partially/not yet [MBILING]
64	Father's self assessment as bilingual. 1=yes; 2=no; 3=a little/sometimes/partially/not yet [FBILING]
65	Whether mother considers NGT to be a language in which she is bilingual. 1=yes; 2=no [MNGTBI]
66	Whether father considers NGT to be a language in which he is bilingual. 1=yes; 2=no [FNGTBI]
67	*Blank space*
68	[2.2, mother] Estimation of how many bilingual deaf people there are in The Netherlands. 1= a lot; 2=some; 3= a few [MBIDFNM]
69	[2.3, mother] How deaf bilinguals became bilingual. 1= most brought up bilingually at home; 2= most became bilingual as a result of their schooling; 3= most became bilingual in adult life/after school [MDFBIHOW]
70	[2.4, mother] Want deaf child to be bilingual. 1=yes; 2=no; 3=not sure yet; 4=don't know [MCBIWANT]
71	[2.22, mother] Estimation of child's general language development if following a bilingual approach. 1=as good as hearing child of same age; 2=better than hearing child of same age; 3= still behind that of a hearing child of the same age; 4=no idea [MCLNGDEV]
72	[2.2, father] Estimation of how many bilingual deaf people there are in The Netherlands. 1=a lot; 2=some; 3=a few [FBIDFNM]
73	[2.3, father] How deaf bilinguals became bilingual. 1= most brought up bilingually at home; 2= most became bilingual as a result of their schooling; 3= most became bilingual in adult life/after school [FDFBIHOW]
74	[2.4, father] Want deaf child to be bilingual. 1=yes; 2=no; 3=not sure yet; 4=don't know [FCBIWANT]
75	[2.22, father] Estimation of child's general language development if following a bilingual approach: 1=as good as hearing child of same age; 2=better than hearing child of same age; 3= still behind that of hearing child of the same age; 4=no idea [FCLNGDEV]
76	*Blank space*

{[2.21, mother] Why parents may choose to follow a bilingual approach. Ranked scores in which 1=most important,... 4=least important}

77 Choice later on which they prefer to use (given as a rank 1...4) [MCCHOICE]

78 Use them equally well (given as a rank 1...4) [MCEQUSE]

79 May not be able to grasp Dutch (given as a rank 1...4) [MCNODTCH]

80 Have as much language as possible of any sort (given as a rank 1...4) [MCANYLNG]

RECORD 2

1 [2.6, mother] If deaf child grew up to be bilingual, expectations of expressive communication. 1=equally proficient NGT, spoken Dutch, written Dutch; 2=more proficient NGT than spoken or written Dutch; 3=equally proficient NGT and spoken Dutch, but some problems with written Dutch; 4=equally proficient at NGT and written Dutch, but some problems with spoken Dutch; 5=more proficient at spoken and written Dutch than NGT; 6=more proficient at written Dutch than NGT or spoken Dutch [MCEXPCOM]

2 [2.7, mother] If deaf child grew up to be bilingual, expectations of receptive communication. 1=follow NGT and spoken Dutch equally well; 2=follow spoken Dutch better than NGT; 3= follow spoken Dutch better than NGT if spoken Dutch accompanied by signing at the same time; 4=follow NGT better than spoken Dutch even if spoken Dutch accompanied by signing at the same time [MCRECCOM]

3 [2.1, mother] If a deaf person is bilingual it means (general question): 1=speak and sign at the same time; 2=sometimes use NGT, sometimes use speech; 3=use NGT, can't speak, can read; 4=can use NGT, speak and read [MBIMEANS]

4 [2.8, mother] If following a bilingual approach (child acquisition expectations, simultaneous/sequential). 1=learn NGT first, spoken Dutch afterwards; 2=learn spoken Dutch first, NGT afterwards; 3= learn NGT and spoken Dutch at the same time; 4=learn something that's a mixture of sign and speech [MCACQTM]

5 [2.11, mother] Expectations as child learns more spoken/ written Dutch, (transitional/ compensatory). 1=use less NGT; 2=use more NGT; 3=use more simcom; 4=use less simcom [MCLNGTNS]

6 [2.5, mother] Expectations of communication at home by child to parent, if child grew up to be bilingual. 1=mainly speak and sign at the same time; 2=mainly use NGT; 3=mainly speak/lipread; 4=sometimes speak, sometimes use NGT [MCHMCOM]

7 [2.12, mother] Expectations of how child will be taught at school, if following a bilingual approach. 1=some lessons in NGT, some in spoken Dutch; 2=all lessons in NGT with Dutch taught as another language; 3=all lessons teacher uses simcom; 4=some lessons in simcom, some in NGT [MCSCHOOL]

{[2.21, father] Why parents may choose to follow a bilingual approach. Ranked scores in which 1=most important... 4=least important}

8 Choice later on which they prefer to use (given as a rank 1...4) [FCCHOICE]

9 Use them equally well (given as a rank 1...4) [FCEQUSE]

10 May not be able to grasp Dutch (given as a rank 1...4) [FCNODTCH]

11 Have as much language as possible of any sort (given as a rank 1...4) [FCANYLNG]

12 [2.6, father] If deaf child grew up to be bilingual, expectations of expressive communication. 1=equally proficient NGT, spoken Dutch, written Dutch; 2=more proficient NGT than spoken or written Dutch; 3=equally proficient NGT and spoken Dutch, but some problems with written Dutch; 4=equally proficient at NGT and written Dutch, but some problems with spoken Dutch; 5=more proficient at spoken and written Dutch than NGT; 6=more proficient at written Dutch than NGT or spoken Dutch [FCEXPCOM]

13 [2.7, father] If deaf child grew up to be bilingual, expectations of receptive communication. 1= follow NGT and spoken Dutch equally well; 2= follow spoken Dutch better than NGT; 3= follow spoken Dutch better than NGT if spoken Dutch accompanied by signing at the same time; 4= follow NGT better than spoken Dutch even if spoken Dutch accompanied by signing at the same time [FCRECCOM]

14 [2.1, father] If a deaf person is bilingual it means (general question): 1= speak and sign at the same time; 2= sometimes use NGT, sometimes use speech; 3=use NGT, can't speak, can read; 4= can use NGT, speak and read [FBIMEANS]

15 [2.8, father] If following a bilingual approach (child acquisition expectations, simultaneous/sequential). 1= learn NGT first, spoken Dutch afterwards; 2= learn spoken Dutch first, NGT afterwards; 3= learn NGT and spoken Dutch at the same time; 4= learn something that's a mixture of sign and speech [FCACQTM]

16 [2.11, father] Expectations as child learns more spoken/ written Dutch, (transitional/ compensatory). 1= use less NGT; 2= use more NGT; 3= use more simcom; 4= use less simcom [FCLNGTNS]

17 [2.5, father] Expectations of communication at home by child to parent, if child grew up to be bilingual. 1= mainly speak and sign at the same time; 2= mainly use NGT; 3= mainly speak/lipread; 4= sometimes speak, sometimes use NGT [FCHMCOM]

18 [2.12, father] Expectations of how child will be taught at school, if following a bilingual approach. 1= some lessons in NGT, some in spoken Dutch; 2= all lessons in NGT with Dutch taught as another language; 3= all lessons teacher uses simcom; 4= some lessons in simcom, some in NGT [FCSCHOOL]

{[2.13, mother] Which communication skills most help child get a 'good job' in the future. Ranked order responses, 01=most important...05=least important}.

19 Good written Dutch (given as rank score 1...5) [MCJBWDUT]

20 Fluent NGT (given as rank score 1...5) [MCJBNGT]

21 Clear speech (given as rank score 1...5) [MCJBSPCH]

22 Good simcom (given as a rank score 1...5) [MCJBSIM]

23 Good lipreading (given as a rank score 1...5) [MCJBLIP]

24 [2.9,mother] Relationship between NGT and lipreading. 1= NGT help child to learn to lipread; 2= NGT make it more difficult for child to learn to lipread; 3= NGT and lipreading not connected; 4= don't expect child to learn to lipread [MNGTLIP]

25 [2.10,mother] Relationship between NGT and reading. 1= NGT make it easier for child to learn to read; 2= NGT make it more difficult for child to learn to read; 3= NGT and reading not connected; 4= don't expect child to learn to read [MNGTREAD]

26 [2.15,mother] NGT is a language in its own right with own grammatical rules. 1= yes; 2= no; 3= not sure [MNGTLNG]

27 [2.16,mother] NGT not really a language in its own right because it relies a lot on Dutch. 1= yes; 2= no; 3= not sure [MNGTNOT]

28 [2.17,mother] NGT can be used to express anything and everything. 1= yes; 2= no; 3= not sure [MNGTEXP]

29 [2.18,mother] Some things you can't express in NGT. 1= yes; 2= no; 3= not sure [MNGTNOEX]

30 [2.19,mother] Some things better expressed in NGT than in Dutch. 1= yes; 2= no; 3= not sure [MDUTBET]

31 [2.20,mother] Some things better expressed in Dutch than in NGT. 1= yes; 2= no; 3= not sure [MNGTBET]

{[2.13, father] Which communication skills most help child get a 'good job' in the future. Ranked order responses, 1=most important...5=least important}.

32 Good written Dutch (given as rank score 1...5) [FCJBWDUT]

33 Fluent NGT (given as rank score 1...5) [FCJBNGT]

34 Clear speech (given as rank score 1...5) [FCJBSPCH]

35 Good simcom (given as a rank score 1...5) [FCJBSIM]

36 Good lipreading (given as a rank score 1...5) [FCJBLIP]

37 [2.9,father] Relationship between NGT and lipreading. 1= NGT help child to learn to lipread; 2= NGT make it more difficult for child to learn to lipread; 3= NGT and lipreading not connected; 4= don't expect child to learn to lipread [FNGTLIP]

38 [2.10,father] Relationship between NGT and reading. 1= NGT make it easier for child to learn to read; 2= NGT make it more difficult for child to learn to read; 3= NGT and reading not connected; 4= don't expect child to learn to read [FNGTREAD]

39 [2.15,father] NGT is a language in its own right with own grammatical rules. 1= yes; 2= no; 3= not sure [FNGTLNG]

40 [2.16,father] NGT not really a language in its own right because it relies a lot on Dutch. 1= yes; 2= no; 3= not sure [FNGTNOT]

41 [2.17,father] NGT can be used to express anything and everything. 1= yes; 2= no; 3= not sure [FNGTEXP]

42 [2.18,father] Some things you can't express in NGT. 1= yes; 2= no; 3= not sure [FNGTNOEX]

43 [2.19,father] Some things better expressed in NGT than in Dutch. 1= yes; 2= no; 3= not sure [FDUTBET]

44 [2.20,father] Some things better expressed in Dutch than in NGT. 1= yes; 2= no; 3= not sure [FNGTBET]

45 *Blank space*

46 [3.1,mother] Whether learning NGT at the moment. 1= yes; 2= no [MNGTLERN]

47-48 [3.1,mother] How long learning NGT, given in months e.g 18. [MNGTLONG]

49 [2.14,mother] Whether any NGT known before having deaf subject child. 1= yes; 2= no [MNGTBFOR]

50 [3.3,mother] How many hours per fortnight teaching received, given as number of hours (No one case has more than 9 hours). [MNGTHRS]

51 [3.4,mother] Estimation of amount of teaching. 1= enough; 2= too little; 3= too much [MNGTENGH]

52-53 [3.8,mother] How much of NGT learned, used with the child, given as a percentage e.g.54. (No one response exceeds 99) [MNGTUSE]

54-55 [3.8,mother] How much of NGT learned is remembered, given as a percentage. (No one response exceeds 99) [MNGTREM]

56-57 [3.8,mother] How much of NGT learned is relevant to needs (given as a percentage). [MNGTRELV]

58 [3.5,mother] Find it easy to learn to sign (given as a score, 1= not true for me at all...5= very true for me) [MNGTEASY]

59 [3.5,mother] Find it enjoyable to learn to sign (given as a score, 1...5) [MNGTENJY]

60 [3.5,mother] Feel under pressure to learn to sign (given as a score, 1...5) [MNGTPRSS]

61 [3.5,mother] Feel embarrassed when I'm learning to sign (given as a score, 1...5) [MNGTEMBR]

62 [3.6,mother] Ease of signing - Af home (given as a score, 1= very easy...5= very difficult) [MEASEHM]

63 [3.6,mother] Ease of signing - In the street (given as a score, 1...5) [MEASEST]

64 [3.6,mother] Ease of signing - At playgroup/nursery (given as a score, 1...5) [MEASENRS]

65 [3.6,mother] Ease of signing - In a shop (given as a score, 1...5) [MEASESHP]

66 [3.6,mother] Ease of signing - In a friend's home (given as a score, 1...5) [MEASEFRN]

67	[3.6,mother] Ease of signing - In a relative's home (given as a score, 1...5) [MEASEREL]
68	[3.6,mother] Ease of signing - On a bus/train/tram (given as a score, 1...5) [MEASEBUS]
69	[3.1,father] Whether learning NGT at the moment. 1= yes; 2= no [FNGTLERN]
70-71	[3.1,father] How long learning NGT, given in months e.g 18. [FNGTLONG]
72	[2.14,father] Whether any NGT known before having deaf subject child. 1= yes; 2= no [FNGTBFOR]
73	[3.3,father] How many hours per fortnight teaching received, given as number of hours (No one case exceeds 9 hours). [FNGTHRS]
74	[3.4,father] Estimation of amount of teaching. 1= enough; 2= too little; 3= too much [FNGTENGH]
75-76	[3.8,father] How much of NGT learned, used with the child ,given as a percentage e.g.54. (No response exceeds 99) [FNGTUSE]
77-78	[3.8,father] How much of NGT learned is remembered, given as a percentage. (No response exceeds 99) [FNGTREM]
79-80	[3.8,father] How much of NGT learned is relevant to needs, given as a percentage. (No response exceeds 99) [FNGTRELV]

RECORD 3

1	[3.5,father] Find it easy to learn to sign (given as a score, 1= not true for me at all...5= very true for me) [FNGTEASY]
2	[3.5,father] Find it enjoyable to learn to sign (given as a score, 1...5) [FNGTENJY]
3	[3.5,father] Feel under pressure to learn to sign (given as a score, 1...5) [FNGTPRSS]
4	[3.5,father] Feel embarrassed when I'm learning to sign (given as a score, 1...5) [FNGTEMBR]
5	[3.6,father] very difficult) [FEASEHM]
6	[3.6,father] Ease of signing - In the street (given as a score, 1...5) [FEASEST]

7 [3.6,father] Ease of signing - At playgroup/nursery (given as a score, 1...5) [FEASENRS]

8 [3.6,father] Ease of signing - In a shop (given as a score, 1...5) [FEASESHP]

9 [3.6,father] Ease of signing - In a friend's home (given as a score, 1...5) [FEASEFRN]

10 [3.6,father] Ease of signing - In a relative's home (given as a score, 1...5) [FEASEREL]

11 [3.6,father] Ease of signing - On a bus/train/tram (given as a score, 1...5) [FEASEBUS]

{[3.7,mother] Difficulties experienced by parents when trying to use NGT with their child - given as a score from 1= not true in my experience...5= very true in my experience.}

12 [3.7,mother] forget the signs learned (given as a score 1...5) [MFORGET]

13 [3.7,mother] not enough vocabulary (given as a score 1...5) [MVOCAB]

14 [3.7,mother] sign single words but not sentences (given as a score 1...5) [MSENTEN]

15 [3.7,mother] signs learned not appropriate to signs needed for child (given as a score 1...5) [MAPPROP]

16 [3.7,mother] able to name but not explain (given as a score 1...5) [MNOTEXPL]

17 [3.7,mother] knowledge of adult signs, not child signs (given as a score 1...5) [MADULTSN]

18 [3.7,mother] problems with the grammar (given as a score 1...5) [MGRAM]

19 [3.7,mother] hard to remember to look at child (given as a score 1...5) [MLOOK]

20 [3.7,mother] difficult to get child's attention (given as a score 1...5) [MATTEN]

21 [3.7,mother] a lot of patience needed (given as a score 1...5) [MPATN]

22 [3.7,mother] sometimes unable to understand child's signing (given as a score 1...5) [MNOTUND]

23 [3.7,mother] unable to explain ideas of time (given as a score 1...5) [MTIMEXPL]

24 [3.7,mother] confused by different signs for same things (given as a score 1...5) [MDIFFSN]

25 [3.7,mother] not enough practice (given as a score 1...5) [MPRACT]

26 [3.7,mother] expectation of immediate use of learned sign (given as a score 1...5) [MIMMED]

27 [3.7,mother] takes a lot of time (given as a score 1....5) [MLOTIME]

28 [3.7,mother] not enough classes/lessons (given as a score 1...5) [MLES]

29 [3.7,mother] unable to describe non present objects (given as a score 1...5) [MDESC]

30 [3.7,mother] child drifts away into own world (given as a score 1...5) [MCWORLD]

31 [3.7,mother] sometimes not enough motivation (given as a score 1...5) [MMOTIV]

32 [3.9,mother] use of voice with child. 1= never; 2= rarely; 3= sometimes; 4= often; 5= all the time [MVOICE]

33 [3.12,mother] whether there are situations in which only voice (no signs) is used. 1= yes; 2= no [MONLYV]

34 [3.10,mother] if ever talk to child as if could hear. 1= never; 2= rarely; 3= sometimes; 4= often; 5= all the time [MCTALK]

35 [3.11,mother] if ever mix sign and speech at the same time. 1= never; 2= rarely; 3= sometimes; 4= often; 5= all the time [MSIMCOM]

{[3.7,father] Difficulties experienced by parents when trying to use NGT with their child - given as a score from 1= not true in my experience...5= very true in my experience.}

36 [3.7,father] forget the signs learned (given as a score 1...5) [FFORGET]

37 [3.7,father] not enough vocabulary (given as a score 1...5) [FVOCAB]

38 [3.7,father] sign single words but not sentences (given as a score 1...5) [FSENTEN]

39 [3.7,father] signs learned not appropriate to signs needed for child (given as a score 1...5) [FAPPROP]

40 [3.7,father] able to name but not explain (given as a score 1...5) [FNOTEXPL]

41 [3.7,father] knowledge of adult signs, not child signs (given as a score 1...5) [FADULTSN]

42 [3.7,father] problems with the grammar (given as a score 1...5) [FGRAM]

43 [3.7,father] hard to remember to look at child (given as a score 1...5) [FLOOK]

44 [3.7,father] difficult to get child's attention (given as a score 1...5) [FATTEN]

45 [3.7,father] a lot of patience needed (given as a score 1...5) [FPATN]

46 [3.7,father] sometimes unable to understand child's signing (given as a score 1...5) [FNOTUND]

47 [3.7,father] unable to explain ideas of time (given as a score 1...5) [FTIMEXPL]

48 [3.7,father] confused by different signs for same things (given as a score 1...5) [FDIFFSN]

49 [3.7,father] not enough practice (given as a score 1...5) [FPRACT]

50 [3.7,father] expectation of immediate use of learned sign (given as a score 1...5) [FIMMED]

51 [3.7,father] takes a lot of time (given as a score 1....5) [FLOTIME]

52 [3.7,father] not enough classes/lessons (given as a score 1...5) [FLES]

53 [3.7,father] unable to describe non present objects (given as a score 1...5) [FDESC]

54 [3.7,father] child drifts away into own world (given as a score 1...5) [FCWORLD]

55 [3.7,father] sometimes not enough motivation (given as a score 1...5) [FMOTIV]

56 [3.9,father] use of voice with child. 1= never; 2= rarely; 3= sometimes; 4= often; 5= all the time [FVOICE]

57 [3.12,father] whether there are situations in which only voice (no signs) is used. 1= yes; 2= no [FONLTV]

58 [3.10,father] if ever talk to child as if could hear. 1= never; 2= rarely; 3= sometimes; 4= often; 5= all the time [FCTALK]

59 [3.11,father] if ever mix sign and speech at the same time. 1= never; 2= rarely; 3= sometimes; 4= often; 5= all the time [FSIMCOM]

{[3.13,mother] reasons why parents may mix sign and speech at the same time. Given as a score, 1= strongly agree...5= strongly disagree.}

60 [3.13,mother] too difficult to just sign without speaking (given as a score 1...5) [MDIFFSNV]

61 [3.13,mother] NGT not good enough yet to turn voice off (given as a score 1...5) [MNTGDVO]

62 [3.13,mother] unnatural not to use voice (given as a score 1...5) [MUNATVO]

63 [3.13,mother] child has greater chance of grasping meaning (given as a score 1...5) [MVCGRASP]

64 [3.13,mother] will help child to learn to lipread what is said (given as a score 1...5) [MVCLIP]

65 [3.13,mother] part of treating child as 'normal' (given as a score 1...5) [MVCNORM]

66 [3.13,mother] not enough vocabulary just to use NGT (given as a score 1...5) [MVVOCNOT]

67 [3.13,mother] child has good hearing with aids/give opportunity to pick up speech (given as a score 1...5) [MVCHEAR]

68 [3.13,mother] easier to use voice as well as sign (given as a score 1...5) [MVEASIER]

69 [3.14,mother] "ideal" statements about bilingual communication. 1=should mix sign and speech at the same time; 2= should not mix sign and speech; 3= should mix sign and speech at first but use separately later [MBIDEAL]

{[3.13,father] reasons why parents may mix sign and speech at the same time. Given as a score, 1= strongly agree...5= strongly disagree.}

70 [3.13,father] too difficult to just sign without speaking (given as a score 1...5) [FDIDDSNV]

71 [3.13,father] NGT not good enough yet to turn voice off (given as a score 1...5) [FNTGDVO]

72 [3.13,father] unnatural not to use voice (given as a score 1...5) [FUNATVO]

73 [3.13,father] child has greater chance of grasping meaning (given as a score 1...5) [FVCGRASP]

74 [3.13,father] will help child to learn to lipread what is said (given as a score 1...5) [FVCLIP]

75 [3.13,father] part of treating child as 'normal' (given as a score 1...5) [FVCNORM]

76 [3.13,father] not enough vocabulary just to use NGT (given as a score 1...5) [FVVOCNOT]

77 [3.13,father] child has good hearing with aids/give opportunity to pick up speech (given as a score 1...5) [FVCHEAR]

78 [3.13,father] easier to use voice as well as sign (given as a score 1...5) [FVEASIER]

79 [3.14,father] "ideal" statements about bilingual communication. 1= should mix sign and speech at the same time; 2= should not mix sign and speech; 3= should mix sign and speech at first but use separately later. [FBIDEAL]

80 *Blank Space*

RECORD 4

{[3.15,mother] Parental expectations of their own proficiency in NGT. Given as a score, 1= strongly agree...5= strongly disagree.}

1 [3.15,mother] learn NGT well enough to teach child NGT (given as a score 1...5) [MTEACH]

2 [3.15,mother] have to become fluent in NGT (given as a score 1...5) [MFLUENT]

3	[3.15,mother] have to learn NGT very quickly (given as a score 1...5) [MLRNQK]
4	[3.15,mother] not realistic to learn whole new language (given as a score 1...5) [MNOTREAL]
5	[3.15,mother] more realistic to aim for simcom (given as a score 1...5) [MAIMSIM]
6	[3.15,mother] if child becomes bilingual, no need to be fluent in NGT (given as a score 1...5) [MCBI]
7	[3.15,mother] the kind of sign language doesn't matter, all is helpful to communicate (given as a score 1...5) [MALLCOM]
8	[3.15,mother] child is young, doesn't matter what kind of signing (given as a score 1...5) [MCYOUNG]
9	[3.15,mother] aiming to be a few steps ahead of child (given as a score 1...5) [MAHEAD]
10	[3.15,mother] like learning a foreign language (given as a score 1...5) [MFORLNG]
11	[3.15,mother] not concerned if sign correct or not (given as a score 1...5) [MCORR]
12	[3.15,mother] make up sign if not known (given as a score 1...5) [MMAKEUP]
13	[3.15,mother] signs must be the correct NGT signs (given as a score 1...5) [MSNRIGHT]
14	[3.15,mother] want to take qualifications in NGT (given as a score 1...5) [MQUALIF]
15	[3.15,mother] don't want to learn full adult NGT, only want to sign at level of child (given as a score 1...5) [MSNCHILD]
16	[3.15,mother] no expectation to be a fluent signer (given as a score 1...5) [MNOTFLU]
17	[3.15,mother] not have skills to be a fluent signer (given as a score 1...5) [MSKILLS]
18	[3.15,mother] want to train as interpreter (given as a score 1...5) [MINTERP]
19	[3.15,mother] want to be able to use simcom as well as possible (given as a score 1...5) [MGDSIM]

20 [3.15,mother] fluent enough to communicate with deaf adults (given as a score 1...5) [MDADULTS]

21 [3.15,mother] just fluent enough to communicate with child (given as a score 1...5) [MCLEVEL]

{[3.15,father] Parental expectations of their own proficiency in NGT. Given as a score, 1= strongly agree...5= strongly disagree.}

22 [3.15,father] learn NGT well enough to teach child NGT (given as a score 1...5) [FTEACH]

23 [3.15,father] have to become fluent in NGT (given as a score 1...5) [FFLUENT]

24 [3.15,father] have to learn NGT very quickly (given as a score 1...5) [FLRNQK]

25 [3.15,father] not realistic to learn whole new language (given as a score 1...5) [FNOTREAL]

26 [3.15,father] more realistic to aim for simcom (given as a score 1...5) [FAIMSIM]

27 [3.15,father] if child becomes bilingual, no need to be fluent in NGT (given as a score 1...5) [FCBI]

28 [3.15,father] the kind of sign language doesn't matter, all is helpful to communicate (given as a score 1...5) [FALLCOM]

29 [3.15,father] child is young, doesn't matter what kind of signing (given as a score 1...5) [FCYOUNG]

30 [3.15,father] aiming to be a few steps ahead of child (given as a score 1...5) [FAHEAD]

31 [3.15,father] like learning a foreign language (given as a score 1...5) [FFORLNG]

32 [3.15,father] not concerned if sign correct or not (given as a score 1...5) [FCORR]

33 [3.15,father] make up sign if not known (given as a score 1...5) [FMAKEUP]

34 [3.15,father] signs must be the correct NGT signs (given as a score 1...5) [FSNRIGHT]

35 [3.15,father] want to take qualifications in NGT (given as a score 1...5) [FQUALIF]

36 [3.15,father] don't want to learn full adult NGT, only want to sign at level of child (given as a score 1...5) [FSNCHILD]

37 [3.15,father] no expectation to be a fluent signer (given as a score 1...5) [FNOTFLU]

38 [3.15,father] not have skills to be a fluent signer (given as a score 1...5) [FSKILLS]

39 [3.15,father] want to train as interpreter (given as a score 1...5) [FINTERP]

40 [3.15,father] want to be able to use simcom as well as possible (given as a score 1...5) [FGDSIM]

41 [3.15,father] fluent enough to communicate with deaf adults (given as a score 1...5) [FDADULTS]

42 [3.15,father] just fluent enough to communicate with child (given as a score 1...5) [FCLEVEL]

{[3.16,mother] organisation of languages at home, to encourage bilingual development}

43 [3.16,mother] by timing of language use. 1= yes; 2= no [MORGTM]

44 [3.16,mother] by person using which language. 1= yes; 2= no [MORGPERS]

45 [3.16,mother] by activity associated with which language. 1= yes; 2= no [MORGACT]

46 [3.16,mother] simcom in non direct conversation. 1= yes; 2= no [MORGSIM]

47 [3.16,mother] gradual incorporation of NGT. 1= yes; 2= no [MORGINC]

48 [3.16,mother] specific teaching time. 1= yes; 2= no [MORGTCH]

{[3.16,father] organisation of languages at home, to encourage bilingual development}

49 [3.16,father] by timing of language use. 1= yes; 2= no [FORGTM]

50 [3.16,father] by person using which language. 1= yes; 2= no [FORGPERS]

51 [3.16,father] by activity associated with which language. 1= yes; 2= no [FORGACT]

52 [3.16,father] simcom in non direct conversation. 1= yes; 2= no [FORGSIM]

53 [3.16,father] gradual incorporation of NGT. 1= yes; 2= no [FORGINC]

54 [3.16,father] specific teaching time. 1= yes; 2= no [FORGTCH]

{[3.17,mother] Feelings/relationship with child as affected by Sign Language use. Scored by indicating a position between matched pairs of adjectives (From left to right 1 to 5. The lower the score the more positive the reaction)}

55 [3.17,mother] Confidence (given as a score 1...5) [MCONF]

56 [3.17,mother] Comfort (given as a score 1...5) [MCOMF]

57 [3.17,mother] Relaxation (given as a score 1...5) [MRELAX]

58 [3.17,mother] Closeness (given as a score 1...5) [MCLOSE]

59 [3.17,mother] Freedom (given as a score 1...5) [MFREE]

60 [3.17,mother] Concern (given as score 1...5) [MCONCERN]

61 [3.17,mother] Competence (given as score 1...5) [MCOMPET]

62 [3.17,mother] Naturalness (given as a score 1...5) [MNAT]

{[3.17,father] Feelings/relationship with child as affected by Sign Language use. Scored by indicating a position between matched pairs of adjectives (From left to right 1 to 5. The lower the score the more positive the reaction)}

63 [3.17,father] Confidence (given as a score 1...5) [FCONF]

64 [3.17,father] Comfort (given as a score 1...5) [FCOMF]

65 [3.17,father] Relaxation (given as a score 1...5) [FRELAX]

66 [3.17,father] Closeness (given as a score 1...5) [FCLOSE]

67 [3.17,father] Freedom (given as a score 1...5) [FFREE]

68 [3.17,father] Concern (given as score 1...5) [FCONCERN]

69	[3.17,father] Competence (given as score 1...5) [FCOMPET]
70	[3.17,father] Naturalness (given as a score 1...5) [FNAT]
71	*Blank Space*
72	[4.1,mother] Child use signs at moment. 1= yes; 2= no [MCSNUSE]
73-75	[4.1,mother] How many different signs used. (given as number e.g.120) [MCSNUM]
76	[4.2,mother] child understands more signs than uses. 1= yes; 2= no [MCSNUND]
77-79	[4.2,mother] how many different signs understood (given as a number e.g 100) [MCSNUNUM]
80	[4.3,mother] child speak any words. 1= yes; 2= no [MCSPK]

RECORD 5

1-3	[4.3,mother] how many different words (given as a number e.g.10) [MCWDNUM]
4	[4.4,mother] child lipreads words. 1= yes; 2= no [MCLIP]
5-7	[4.4,mother] how many different words (given as a number e.g.60) [MCLIPNUM]
8	[4.6,mother] satisfaction with child's progress in NGT. 1= yes; 2= no [MCNGTSAT]
9	[4.7,mother] satisfied with child's progress in speech/lipreading. 1= yes; 2= no [MCLIPSAT]
10	[4.1,father] Child use signs at moment. 1= yes; 2= no [FCSNUSE]
11-13	[4.1,father] How many different signs used. (given as number e.g.120) [FCSNUM]
14	[4.2,father] child understands more signs than uses. 1= yes; 2= no [FCSNUND]
15-17	[4.2,father] how many different signs understood (given as a number e.g 100).[FCSNUNUM]
18	[4.3,father] child speak any words. 1= yes; 2= no [FCSPK]

19-21 [4.3,father] how many different words (given as a number e.g.010) [FCWDNUM]

22 [4.4,father] child lipreads words. 1= yes; 2= no [FCLIP]

23-25 [4.4,father] how many different words (given as a number e.g.60) [FCLIPNUM]

26 [4.6,father] satisfaction with child's progress in NGT. 1= yes; 2= no [FCNGTSAT]

27 [4.7,father] satisfied with child's progress in speech/lipreading. 1= yes; 2= no [FCLIPSAT]

{[4.5,mother] strategies for asking, given a ranking from 1= most frequent...8= least frequent}

28 [4.5,mother] Point (given as a ranking 1...8) [MCPOINT]

29 [4.5,mother] Make the sign (given as a ranking 1...8) [MCSIGN]

30 [4.5,mother] Use their voice (given as a ranking 1...8) [MCVOICE]

31 [4.5,mother] Have a tantrum (given as ranking 1...8) [MCTANTRM]

32 [4.5,mother] Take parent to object (given as a ranking 1...8) [MCTAKE]

33 [4.5,mother] Touch face/hit (given as a ranking 1...8) [MCTOUCH]

34 [4.5,mother] Point and make sign (given as a ranking 1...8) [MCPNTSN]

35 [4.5,mother] Point and use voice (given as a ranking 1...8) [MCPNTV]

36 [4.8,mother] Child preference for method of communication. 1= speech; 2= NGT; 3= simcom; 4= can't tell at the moment [MCPREF]

37 [4.9,mother] Whether child communicates in NGT better with a deaf person than with parent. 1= yes; 2= no; 3= there's no difference [MCDCOM]

{[4.5, father] child strategies for asking, given a ranking from 1= most frequent...8= least frequent}

38 [4.5,father] Point (given as a ranking 1...8) [FCPOINT]

39 [4.5,father] Make the sign (given as a ranking 1...8) [FCSIGN]

40 [4.5,father] Use their voice (given as a ranking 1...8) [FCVOICE]

41 [4.5,father] Have a tantrum (given as ranking 1...8) [FCTANTRM]

42 [4.5,father] Take parent to object (given as a ranking 1...8) [FCTAKE]

43 [4.5,father] Touch face/hit (given as a ranking 1...8) [FCTOUCH]

44 [4.5,father] Point and make sign (given as a ranking 1...8) [FCPNTSN]

45 [4.5,father] Point and use voice (given as a ranking 1...8) [FCPNTV]

46 [4.8,father] Child preference for method of communication. 1= speech; 2= NGT; 3= simcom; 4= can't tell at the moment [FCPREF]

47 [4.9,father] Whether child communicates in NGT better with a deaf person than with parent. 1= yes; 2= no; 3= there's no difference [FCDCOM]

48 *Blank Space*

49 [5.8,mother] Other children in family using signs with deaf child. 1= never; 2= rarely; 3= sometimes; 4= often; 5= all the time [MOTHCSN]

50 [5.9,mother] Other children in family use voice (no signs) with deaf child. 1= never; 2= rarely; 3= sometimes; 4= often; 5= all the time [MOTHCV]

51 [5.10,mother] Partner use NGT with deaf child. 1= never; 2= rarely; 3= sometimes; 4= often; 5= all the time [MPARTNGT]

52 [5.11,mother] Partner use voice (no signs) with deaf child. 1= never; 2= rarely; 3= sometimes; 4= often; 5= all the time [MPARTV]

53 [5.12,mother] Partner use simcom with deaf child. 1= never; 2= rarely; 3= sometimes; 4= often; 5= all the time [MPARTSIM]

54 [5.13,mother] satisfied with effort family put into learning and using sign language. 1= yes; 2= no [MFAMSAT]

55	[5.14,mother] feel like act as interpreter between deaf child and other family members. 1= yes; 2= no [MFAMINT]
56	[5.8,father] Other children in family using signs with deaf child. 1= never; 2= rarely; 3= sometimes; 4= often; 5= all the time [FOTHCSN]
57	[5.9,father] Other children in family use voice (no signs) with deaf child. 1= never; 2= rarely; 3= sometimes; 4= often; 5= all the time [FOTHCV]
58	[5.10,father] Partner use NGT with deaf child. 1= never; 2= rarely; 3= sometimes; 4= often; 5= all the time [FPARTNGT]
59	[5.11,father] Partner use voice (no signs) with deaf child. 1= never; 2= rarely; 3=sometimes; 4= often; 5= all the time [FPARTV]
60	[5.12,father] Partner use simcom with deaf child. 1= never; 2= rarely; 3= sometimes; 4= often; 5= all the time [FPARTSIM]
61	[5.13,father] satisfied with effort family put into learning and using sign language. 1= yes; 2= no [FFAMSAT]
62	[5.14,father] feel like act as interpreter between deaf child and other family members. 1= yes; 2= no [FFAMINT]
63	*Blank space*
64	[6.1,mother] child derives benefit from hearing aids. 1= yes; 2= no; 3= not sure [MCHAIDBN]
65	[6.3,mother] How much child wears hearing aids. 1= never; 2= rarely; 3= sometimes; 4= often; 5= all of the time [MCHAIDWR]
66	[6.4,mother] Child wear hearing aids when grows up. 1= yes; 2= no; 3= not sure [MCHAIDLT]
67	[6.6,mother] Hearing aids help a child learn NGT. 1= yes; 2= no; 3= not sure [MHAIDNGT]
68	[6.7,mother] Hearing aids make it more difficult to learn NGT. 1= yes; 2= no; 3= not sure [MHAIDNGN]
69	[6.8,mother] Thinking about a cochlear implant. 1= yes; 2= no; 3= I'm not sure what it is [MCOCH]
70	[6.1,father] Child derives benefit from hearing aids. 1= yes; 2= no; 3= not sure [FCHAIDBN]

71 [6.3,father] How much child wears hearing aids. 1= never; 2= rarely; 3= sometimes; 4= often; 5= all of the time [FCHAIDWR]

72 [6.4,father] Child wear hearing aids when grows up. 1= yes; 2= no; 3= not sure [FCHAIDLT]

73 [6.6,father] Hearing aids help a child learn NGT. 1= yes; 2= no; 3= not sure [FHAIDNGT]

74 [6.7,father] Hearing aids make it more difficult to learn NGT. 1= yes; 2= no; 3= not sure [FHAIDNGN]

75 [6.8,father] Thinking about a cochlear implant. 1= yes; 2= no; 3= I'm not sure what it is [FCOCH]

76 *Blank space*

77 [7.1,mother] Heard term Deaf Community. 1= yes; 2= no [MDFCOM]

78 [7.2,mother] Heard term Deaf Culture. 1= yes; 2= no [MDFCULT]

79 [7.3,mother] Want to become member of deaf community. 1= yes; 2= no; 3= never thought about it [MDCOMWAN]

80 [7.4,mother] Child will become a member of Deaf Community. 1= s/he is now; 2= maybe when older; 3= definitely when older; 4= never [MCDCOMLT]

RECORD 6

1 [7.9,mother] If child bilingual do they have to be bicultural as well. 1= yes; 2= no; 3= never thought about it[MBILBIC]

2 [7.10,mother] If child is bilingual does family have to be bicultural. 1= yes; 2=no; 3= never thought about it; 4= never knew there was a difference [MFAMBIC]

3 [7.12,mother] Amount of contact with deaf adults. 1= a lot; 2= not much; 3= hardly any; 4= none at all [MDADCONT]

4 [7.13,mother] Assessment of this degree of contact. 1= enough; 2= too little; 3= too much [MDCONTEN]

5 [7.1,father] Heard term Deaf Community. 1= yes; 2= no [FDFCOM]

6 [7.2,father] Heard term Deaf Culture. 1= yes; 2= no [FDFCULT]

7 [7.3,father] Want to become member of deaf community. 1= yes; 2= no; 3= never thought about it [FDCOMWAN]

8 [7.4,father] Child will become a member of Deaf Community. 1= s/he is now; 2= maybe when older; 3= definitely when older; 4= never [FCDCOMLT]

9 [7.9,father] If child bilingual do they have to be bicultural as well. 1= yes; 2= no; 3= never thought about it [FBILBIC]

10 [7.10,father] If child is bilingual does family have to be bicultural. 1= yes; 2= no; 3= never thought about it; 4= never knew there was a difference [FFAMBIC]

11 [7.12,father] Amount of contact with deaf adults. 1= a lot; 2= not much; 3= hardly any; 9= none at all [FDADCONT]

12 [7.13,father] Assessment of this degree of contact. 1= enough; 2= too little; 3= too much [FDCONTEN]

END